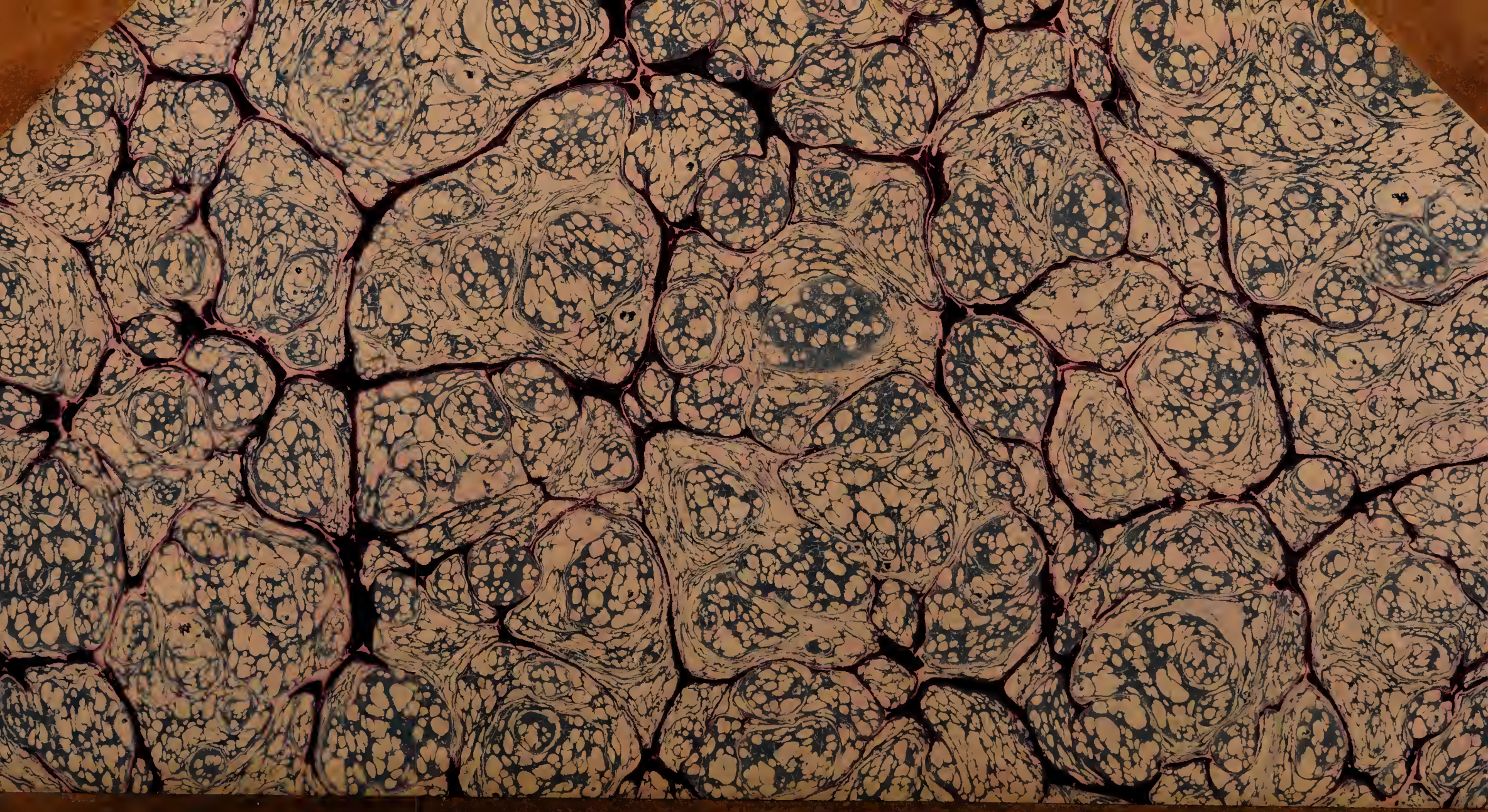


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Datum ex Ædibus Collegii nostri Die 5° Decembris 1741.

A

TREATISE

OF

MIDWIFRY.

IN

THREE PARTS.

ST. MARY'S HOSPITAL RADFORD LIBRARY MANCHESTER.

BY

FIELDING OULD, Man-Midwife.

DUBLIN:

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moſt obedient,

humble Servant,

FIELDING OULD.

THE PREFACE.

THOUGH the great Author of our Being has contrived the human Body with ſurprizing Accuracy, and guarded it againſt Accidents in a moſt providential Manner; yet has he thought proper in his great Wiſdom, that it ſhould ſuffer frequent Interruptions in all its Functions from Irregularities, the conſtant Abraſion of the Parts compoſing each Organ, and many other Cauſes. However, as an Inſtance of his great Benevolence to Mankind, he has ſupplied us with artificial Means, whereby we may remove many Grievances to which it is obnoxious; and none more extraordinary than thoſe, by which Nature is aſſiſted in thoſe Operations which are to be the Subject of the following Diſcourſe.

Certainly the Wiſdom of Providence is very fully diſplayed in the whole Scene of Procreation; and the concurring Circumſtances which contribute to Parturition are ſurprizingly beautiful, as will plainly appear to the curious Reader, through the whole Theory and Practice of natural Deliveries. But as theſe are frequently impeded, from various Cauſes both internal and external; (as ſhall appear in that Part where preternatural Labours are treated of) it is the Duty of every one converſant in this Branch of the Art of Healing, to ſtudy, not only the Welfare of thoſe particularly under his Care, but that of the whole Species; by making publick every new Diſcovery how ſmall ſoever, which he may be ſo fortunate as to think of, without Fear of Cenſure or Criticiſm; for if his Deſign be honeſt, and viſibly for the general Good of Mankind, I think there is no doubt but the more valuable Part of the World will eſteem him for it, though it be ſet forth in the meaneſt Dreſs; for Truth will appear beautiful, without the gorgeous Apparel of Rhetorick and Eloquence.

This ſurely muſt be an Incouragement to every well meaning Man, to contribute his Mite

Mite to the common Good, eſpecially when he conſiders how little has hitherto been done, towards the Perfection of the Art of Midwifry; which I believe is too obvious to every one of the Profeſſion who has had Opportunities of putting to the Teſt, the Rules laid down by moſt practical Authors in that Way, and the Inſtruments contrived for the Performance of their Operations: For many of their Schemes are like thoſe of ſome Navigators and Geographers, who never made uſe of a Compaſs, but in their Cloſet.

Here the Reader may very properly remark, that it is a common Thing for ſome Authors to calumniate all thoſe who have wrote before them, on the ſame Subject, thereby to inhance the Value of their own Works; but I think my little Eſſay can never be conſiderable enough to incur that Imputation; yet if ſo it ſhould happen, I have fairly committed the Facts wherein I have differed from others, to publick Cenſure; and if I have been miſtaken in any Circumſtance, ſhall be extremely glad to be convinced of my Error: However thus much I will take upon me to affirm, that I have not advanced one Fact, from the Effects of Imagi-

nation

nation or Fancy; but on the contrary, though they be but few and of little Moment, yet they have Truth and Demonſtration on their Side, being confirmed by Practice.

I hope the candid Reader will not imagine, that I in any wiſe aſſume to myſelf a ſuperior Knowledge to any of my Cotemporaries in the Art I profeſs, by publiſhing the following Lines; no, far be it from me; for I doubt not, but they all (moſt of them at leaſt) have eſtabliſhed to themſelves a Method of Practice to the full as good, if not infinitely ſuperior to mine, by their own Sagacity and Experience; and it is a very great Pity that the World hath not the Advantage of it; for the particular Acquiſition of every Perſon added together, would amount to a great Sum whereby our Art would ſoon flouriſh.

The following Treatiſe contains a Scheme of the whole Art of Midwifry, divided into three Parts, which take in the moſt approved Practice contained in thoſe Books which have hitherto been publiſhed on the Subject; offering ſuch Amendments to the ſame, as my own Experience and the Reaſon of the Thing ſuggeſted to me.

me. But as it certainly wants that Strength, and Clearneſs of Expreſſion, which the Reader may reaſonably expect; I think it neceſſary to endeavour by way of Preface, to clear up ſome Circumſtances therein contained.

In the firſt Part, (which is deſigned as introductory to preternatural Deliveries) is given a ſhort Deſcription of thoſe Parts which are to be the Subject Matter of our Diſcourſe; in which are interſperſed ſome Hypotheſes, which though not abſolutely neceſſary to the Practice, yet may probably be agreeable to the curious Reader.

The firſt Matter that ſeems to have this Appearance relates to the Texture of the Vagina, which is ſaid to be as though it were knit like a Stocking; the great Variety of Shape that it is capable of, making it a probable Conjecture, and beſides, I have more than once endeavoured to unravel its component Fibres, but could not. And through a magnifying Glaſs, the Diſpoſition of them appeared very much complexed: Moreover, the great Advantage that will be found through the whole Courſe of the following Work, to accrue

crue from this Theory, will no doubt be a ſufficient Support to the Conjecture.

In the Deſcription of the Womb, there is more Minuteneſs than is uſually found, or is neceſſary in a general Courſe of Anatomy; for the Particularities concerning the Situation, Connexion, Structure, &c. *how trifling ſoever they may appear, are of infinite Uſe in the Practice of Deliveries. For every little Circumſtance of this Kind will give a helping Hand to the Perfection of a doubtful Operation; when the Surgeon has it in his Power to call them all immediately into his Mind, to his Aſſiſtance. They are certainly as neceſſary to the Perfection of this important Work, as the Application of mechanick Powers is to the raiſing of ponderous Bodies.*

I have entered particularly into the Manner of the Wombs Dilatation, during the Time of Geſtation; my chief Motive for which, was Mr. MAURICEAU'S *arguing ſo ſtrenuouſly, that it grows Thin in proportion as it Dilates, without receiving any Degree of Accretion, but as a Bladder is diſtended by Inflation, from a thick Subſtance to a very thin Membrane,*

Membrane. The Abſurdity of this Poſition is demonſtrable on many Accounts:

A Bladder indeed by Inflation, diminiſheth in Thickneſs, in Proportion to the Diſtention, but yet its Weight doth not vary; whereas the Womb weighs at leaſt an hundred Times as much at the Birth of the Child as before Conception. Beſides, it is wronging Providence to the laſt Degree, to let ſlip, not to ſay conceal, a Phænomenon, ſo ſurpriſingly beautiful, becauſe it ſurpaſſeth our narrow Comprehenſion.

I have taken upon me, by way of Corollary, to the above Reflections, to take ſome Notice of Uterine Diſcharges in the Time of Geſtation, though it in ſome Meaſure exceeds the Bounds to which this Treatiſe is limited; but the generality of Women have got it into their Heads, that nothing can be done to prevent Abortion, where there is the leaſt Diſcharge, and therefore neglect the Advice of a Phyſician, whereby they often loſe their Child, and ſometimes their own Lives; wherefore I juſt hinted at that Matter, merely to remove ſuch a pernicious Prejudice.

The Reader will find the general Opinion controverted, concerning the Cauſe of the Child coming Head foremoſt into the World; and probably he may ſay that the Cauſe is not material to the Practitioner, ſince he finds the Fact ſo; but the Conſideration of the Cauſe of it, may be very uſeful towards the right Management of the Delivery: For according to the general Opinion, this Alteration of Poſture happens ſometime before the End of Geſtation; and if it were ſo, the Mother would ſcarcely feel the Child ſtir from that Time. For the Motion which ſhe feels, is from the Hands and Feet being againſt her Belly; whereas that muſt conſequently ceaſe, when they are turned towards her Back; beſides, the firſt Labour Pains, which are but very ſmall and of ſhort Duration, continue their Repetitions, perhaps for two or three Hours, and often more, before there is the leaſt Effect produced on the Os Tincæ; which Time muſt certainly be employed in turning the Head towards the Orifice; which being compleated, the Waters begin to gather: Moreover, this great Alteration in the relative Gravity of the Head, muſt happen gradually, from ſome Change in the Conſiſtance of the Brain whereby its conſtituent Particles

Particles become closer united; and according to this Way of reasoning, which is the only Method of reconciling it, the Head and lower Extremities must remain for some Time in Equilibrio in the Womb, which must consequently produce an extraordinary Prominence in that particular Part of the Mother's Belly; which has never yet been observed. Again, if this were the Cause of the Head's coming foremost, it must be general, and in common to all Children; so that they must all come in that Direction, if not interrupted in their rotatory Progress, whereby they may happen to be transverse; whereas it is well known that many Children are born with the Feet foremost, which never could have happened, if the preponderating Gravity of the Head, were the Cause of this Revolution. The Cause why the Feet sometimes present, is certainly from the Body being in a more than ordinary erect Posture in the Womb, at the Commencement of Labour, whereby the Compression of the Parts designed for that Purpose, thrusts the Body forward in a direct Line, and consequently the Feet against the Orifice of the Womb.

The Remainder of the first Part contains a general Direction for the Management of Women in natural Labours; which in the most concise Manner guards against those Accidents which might render the most natural Labour, preternatural; and to this End, I hope that the Description of the Head coming towards the World with the Chin turned to the Shoulder, will be of very great Advantage. And here I will frankly acknowledge how this Discovery occured to me: I was at a Labour in Paris, *which from all Appearances promised to be very successful and speedy; the Water gathered and broke very advantagiously, but as the Head approached towards the World, its Progress grew tedious, so that at the latter End, the Spectators saw it make its Appearance, and immediately return back out of Sight, and that several Times; whereupon seeing the Head in the above Direction with the Chin on the Shoulder, it was unanimously declared, that the Child was in a preternatural Direction, which impeded the Delivery; I made a strict Inquiry with my Fingers, and found Space sufficient to give Passage to the Head, though in that Situation, and consequently, that some other*

ther Cauſe muſt retard the Operation. At length, by mere dint of the Patient's Efforts, who was ſtrong and robuſt, the Head was thruſt ſo far, that the Operator took hold of it, and with Difficulty brought it forth, and found the Funis rolled ſeveral Times about the Child's Neck, which was the Cauſe of all our Trouble.

I at my Leiſure reflected on the Circumſtances of this Labour, and ſoon began to conſider the Neceſſity of this Diſpoſition of the Head; to confirm which, I made the ſtricteſt Examination of every Woman, which I either delivered, or ſaw delivered during my Continuance at Paris, *which perfectly convinced me of the Truth of what I ſuggeſted.*

Mr. Deventer *has extolled his own Praiſe prodigiouſly, on Account of his Management of the Os Coccygis, when it impedes the Exit of the Child; yet notwithſtanding, I hope the Reader will find the Method laid down in this Treatiſe, preferable to it on many Accounts; for beſide what is already ſaid for that Purpoſe, his Method is capable of bruiſing the Vagina*

and Rectum; by the Finger's being fixed on the very End of the Coccygis, which is very ſmall and uneven; whereas, by placing the Thumb on the flat Side of this Bone, beyond the Point, the above Evils are removed; beſides, here the Vagina is quite diſingaged.

I have alſo differed intirely from Doctor DEVENTER, *in a very material Point, namely, the Manner of extracting the Placenta; and I hope the Reader will be convinced by the Reaſons which he will there find, that my diſſenting ſo abſolutely from an Author of ſo much Credit, is not for a Deſire of Wrangling, but ingenuouſly to propagate the true Knowledge of the Art which I profeſs.*

The Manner of aſſiſting a weak Patient in her laſt Labour-Pains, by introducing a Finger into the Anus, has never before been taken Notice of by any Author which I have ſeen; which I wonder at, for the good Effects of it, are obvious to the meaneſt Capacity.

The Remainder of the Firſt Part contains full Inſtructions for the Management of Women in Labour, under the common incidental Circumſtances which natural Labours are ſubject to; and at the ſame Time introduceth us to thoſe more laborious and preternatural, which are the Subject of the Second Part. Thus much only remaining to be obſerved; namely, that the Aſſiſtance of a Surgeon particularly inſtructed in the Art of Deliveries, is generally neceſſary in the moſt natural Labours: Firſt, as they have it in their Power, from their Skill in that Art, founded on their Knowledge of the Animal Oeconomy in general, and Chirurgical Operations in particular, to prevent at leaſt one third of the Pain, which without their Aſſiſtance muſt happen: And Secondly, by their preventing Labours originally natural, from becoming the contrary, which is too often the Caſe under the Miſconduct of Female Midwives, of which we have frequent Opportunities of being convinced, as the enſuing Treatiſe will ſufficiently prove.

In the Second Part, thoſe preternatural Caſes which partake leaſt of Danger, are firſt

introduced; and as the Reader advances, he will find the Difficulties increaſe, 'till he arrives at the Third Part, which treats of thoſe Labours where Hands alone are not capable of affording Relief; which compleats the third Degree of Compariſon.

In taking Notice of the Difficulties which ariſe from the relaxed State of the Ligaments ſupporting the Womb, I have differed widely from the Sentiments of Mr. MAURICEAU. *Here I muſt aſſure the Reader, that it is with great Reluctance I oppoſe the Practice of ſo worthy an Author, who has in ſo many Reſpects ſhewed his Zeal for the Service of the female Sex; however, I am of Opinion that his Benevolence to Woman-kind would make him incourage the Endeavours of a mean Perſonage towards the Improvement of the Art of Deliveries; and even to obliterate ſome unguarded Stroaks, in his great Plan of Midwifry, which perhaps through Hurry he might have overlooked.*

Immediately after this Matter is diſcuſſed, the Reader will find me oppoſing Doctor DEVENTER'S *Aſſertions concerning the Oblique*

Di-

Directions of the Womb. This Matter surprized me more than any Thing I ever met with: That a Man should impose on the learned World in a Matter so demonstrably false. His Book whose Basis is chiefly founded on this Innovation, has the Approbation of several great Men, who certainly did not consider the Case, with a View to Practical Phænomena, which is the whole Business of the ensuing Treatise.

In the Directions for bringing the Child forth by the Feet, the same Author adviseth the greatest Piece of Cruelty that can be imagined; namely, to leave the Hands to come out together with the Head; the Absurdity of which Practice is obvious to any Person who ever delivered one Woman, even in a natural Labour; indeed if he had advised this Practice in a Miscarriage, after six Months Pregnancy, and where there is an immoderate Flux of Blood; then this Method, for Expedition, might be commendable.

Hence we proceed to that deplorable State, where Instrumental Operations are necessary; to hinder the rash Undertaking of which, I

have uſed my utmoſt Endeavours; and have taken upon me ſtrenuouſly to adviſe Conſultation in all doubtful Caſes. I have alſo abridged the Number of Inſtruments generally uſed in theſe Emergencies, I hope much to the Advantage of the Reader, and particularly his Patients; and that chiefly by the Help of one Inſtrument, which I have contrived for that Purpoſe; anſwering the End of many heretofore in common Practice, with this among other remarkable Differences, that the Mother is not in the leaſt Danger of being wounded or hurt, by the Application of it; whereas moſt other Inſtruments (cutting ones eſpecially, as this is) are extremely dangerous, not to ſay fatal to her.

I have taken particular Care in the Deſcription of the large Forceps for extracting the Child; and endeavoured with the greateſt Exactneſs, to conſider when it is, or is not proper to apply it; for the bringing of the Child forth, is not the only Thing to be conſidered in the Uſe of this Inſtrument; the Conſequences of its Application muſt always be in the Operator's View, both with regard to Mother and Child, as he will find by the careful

Peruſal

Peruſal of the Directions laid down for that Purpoſe.

There are Hiſtories of particular Caſes interſperſed through the whole Work, in order to confirm what is therein ſet forth, and alſo to ſhew the Method of uſing the Inſtruments, with the Caſes to which each is adapted.

It is common in moſt Books of Midwifry to have much more ſaid in relation to Monſters, than the Reader will find in this Treatiſe; for here is omitted the accounting for their Production, with numerous Hiſtories of them, containing perhaps more Variety than Truth, thereby to ſwell a Volumn.

I have taken upon me abſolutely to explode the Cæſarian Operation, as repugnant, not only to all Rules of Theory or Practice, but even of Humanity, and in endeavouring to account for the eſpouſing of ſuch a Practice, I have mentioned, that it might poſſibly ariſe from an Article in the Roman Catholic *Faith, whereby they don't allow Salvation to unbaptized Infants, which poſſibly might have*

incouraged ſome (more biggotted than truly religious) to exerciſe this Piece of Cruelty.

Now leſt any of the preſent Age in that Faith, ſhould take amiſs this my Aſſertion, I muſt take this Opportunity to inform them, that what I mentioned, muſt have happened in the Beginning of the laſt Century, an hundred and forty Years ſince; that I am far from thinking that any of the preſent Age could be capable of it. Mr. MAURICEAU, *and many others of the ſame Religion are abſolutely againſt it. But what ſeems to confirm my Opinion concerning this Matter, is this: The Sorbonne Doctors in Divinity at* Paris, *in the Year* 1733 *have cleared up this Affair, and have laid down Rules, when and in what Caſes, you are to prefer the Life either of the Mother or Child; which may be ſeen at large in the* French *Tranſlation of Doctor* DEVENTER'S *Book of Midwifry,* Pag. 357.

Their diſcuſſing this Matter ſo particularly as they have done, ſhews that there had been a Want of it, whereby Errors might have been committed. But to conclude:

I would

I would not have the Reader imagine, that the following Sheets contain a compleat Syſtem of Midwifry, by which that Art may be perfectly learned; I would have him read this little Book, after thoſe which have gone before it; and even that how carefully ſoever done, will not make him an Adept, without occular Demonſtration, and a long continued Exerciſe of the Hands in this, as well as other Chyrurgical Operations.

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A

TREATISE

OF

MIDWIFRY.

PART I.

THOUGH Chirurgical Knowledge has been daily increaſing, and receiving Improvements from the earlieſt Ages, but more eſpecially, from the Time of HIPPOCRATES, by the conſtant and indefatigable Induſtry of many eminent Men, in moſt Nations where Learning was

cultivated, and ſtill continues in the ſame ſucceſsful Progreſs; yet the Art of Midwifry, which is one of its moſt conſiderable Branches, and that which, by the common Principles of Humanity, we are indiſpenſably bound to illuſtrate, by our moſt diligent Inquiries, and niceſt Obſervations; is, and I think always has been, the leaſt taken Notice of; altho' it be univerſally acknowledged to be the Duty of every one who is converſant in any Branch of the Art of Healing, to communicate whatever occurs to him, that he thinks may be of Service to the Public. Nor is this Art, in any reſpect the meaneſt Province in the medicinal Common-wealth, but much on the contrary; as on it depends, not only the Preſervation of the Species, but the various Methods of relieving diſtreſſed Women, from extraordinary Pain and Torture, innumerable Diſorders and Death, the Conſequence of bad Practice; from miſapply'd and ill contrived Inſtruments; and even from the injudicious Management of the Hands.

IT is not much to be wondered at, that this Art ſhould eſcape the nice Obſervation of the Ancients; for while their Time was taken up in the Prevention of Evils, for which no Help had been provided, the Women practiſed Midwifry; and in all likelihood, their Skill was never called in queſtion; but as medicinal Knowledge increaſed, it became very apparent, that there was more Learning and Dexterity required, in the proſecution of this Art, than what could be expected from ignorant Women, who generally had the meaneſt Education: And then it was, that Men, who were well acquainted with Operations in general, applyed themſelves to the Improvement of this Art; whereby, many Women were reſcued from Death, that before in the like Caſe, were in all probability deemed irretrieveable.

IN Conſequence of this Practice, there were ſeveral who wrote particular Treatiſes on this Subject; and had the common good ſo much at Heart, as to communicate their own Obſervations on Facts, of which they have given us the ſeveral Hiſtories; the following of which good Example, would

certainly have added very much to the Perfection of Midwifry.

THOUGH we be greatly indebted to our Predeceſſors, as PAREE, GUILLEMEAU, LIEBAUT, BIENASSIS, PORTAL, PEU, MAURICEAU, VIERDEL, AMAND, DIONIS, LAMOTTE, CHAMBERLAIN, DEVENTER, and others; yet there is ſcarce one of their Works, that may not admit of Improvement, as ſhall be remarked hereafter.

THESE Reflections, were the Motive of my committing my Thoughts concerning Midwifry, to writing; though at the ſame Time, I was thoroughly conſcious of my Inequality to the Taſk.

THE candid Reader muſt not expect to find, either Purity of Stile, or Elegance of Expreſſion, in this Undertaking; and I hope he will criticiſe more tenderly on it, when I confeſs, that I ſpent that Time which others employ in their Improvement in polite Literature, in a more laborious Manner; namely, in the Diſſection of human Bodies, and a conſtant

conſtant Application to Practice. No more therefore muſt be expected from me, than what is merely intelligible; and ſhould I be happy enough to ſtrike out the leaſt Spark of Light, by the Help of which, others more accompliſhed may illuſtrate this Subject, my Ends are anſwered.

IN this little Eſſay, I ſhall give a ſhort Sketch of all the principal Matters relating to the Delivery of pregnant Women; in order to come the more directly to what I imagine may be ſome ſmall Improvement to the Art I profeſs, I ſhall begin with Anatomy, the true Knowledge of which, ſhould be acquired in the firſt Place, as the ſureſt Foundation whereon to build the reſt. Nor is it alone the diſſecting of Women, for the Diſcovery of the Parts of Generation and Parturition, and their Phenomena, that ſufficeth for this Purpoſe; for there is no Part of that Knowledge, which does not in ſome reſpect, conduce to that of Midwifry. For Inſtance, in order to know the Nature of, and the Means to prevent Abortion, it is neceſſary to be well acquainted with the Circulation of the Blood, and its Laws.

THE comparative Anatomy between a Fœtus and an Adult, is a very neceſſary Præcognitum in preternatural Labours, as ſhall be proved hereafter. The contracting Power of a Fibre, and what Degree of Extenſion it will admit of, is by no means unworthy our Obſervation. Hence it is evident, that not only a practical, but a ſpeculative Knowledge of Anatomy, is as abſolutely neceſſary in this, as in any other Branch of Surgery.

WHAT has been hitherto mentioned in relation to Anatomy, is what ſhould be perfectly known, before the particular Study of Midwifry be undertaken. And as the Subject of it commences, from the Time of Conception to the Delivery of the Patient, I hope it will not be thought improper, to ſay ſomething of the Fœtus in Utero, its adheſion to, and Communication with the pregnant Mother.

FIRST then, it will be proper to ſay ſomething of the Matrix, before we deſcribe its Contents; and, as I ſuppoſe the Reader already an Anatomiſt, it will be ſufficient to take Notice, only of as much as may be of

Uſe

Uſe to our preſent Purpoſe; omitting the more external Parts which require no anatomical Deſcription. The Vagina is the firſt neceſſary Part to be conſidered, and is generally deſcribed thus: A Canal reaching from the Pudendum to the Orifice of the Womb, lying between the Bladder of Urine and the Rectum; about five Fingers Breadth long, and one and an half wide in Maids; but in Women, its Length and Capacity, are not eaſily determined, having two Coats; the internal, membranous and much wrinkled, the external, muſcular; its Veins and Arteries, from the Epigaſtric and Hæmorrhoidals, and Nerves from the Os Sacrum.

FROM the many Variations, which the Form of the Vagina is ſubject to, one might imagine, that the Texture of it is very different from what is deſcribed by moſt Authors; for certainly a parallel Direction of muſcular Fibres, either longitudinal, or tranſverſe, muſt greatly hinder, and be much damaged, not to ſay torn aſunder, by the prodigious Diſtention it muſt undergo, in giving Paſſage to a Fœtus of almoſt any Size; wherefore it ſeems

very probable, that the Texture of it reſembles that of a looſe knit Stocking; which the curious will be more inclined to believe, upon an anatomical Examination of the Part; and eſpecially if we conſider, that by ſome preternatural Situations of the Fœtus in Utero, it is ſometimes ſtretched to the length of twelve Inches, and moſt commonly in Parturition to five Inches diameter; which Diſtention is performed in an Inſtant of Time; whereas, if it were brought about by an intire Change of the Conſtitution, and that gradually, as in the Womb of pregnant Women, it might be otherwiſe accounted for; we ſhall alſo give a farther Proof of this Opinion hereafter, in the Directions for Touching or examining Pregnants, and thoſe in Labour.

THIS Canal leads to the Matrix, the Seat of the moſt ſurprizing Phenomena of Providence; this Bowel, according to the moſt uſual Deſcription, is ſituated in the Pelvis, between the Inteſtinum rectum and the Bladder. As the Vagina, or Neck of the Womb, is deſcribed after the ſame manner, with regard to its Situation, it may not be amiſs, to ſhew how they differ in this reſpect. 'Tis certain,

the

the Bladder when full of Urine, covers the Womb, but is by no means continuous or adhering to it, as to the Vagina; nor does more than the Neck of it adhere to the Rectum; for were it confined in that Manner, how could it extend itſelf, ſo as to occupy almoſt the whole Capacity of the lower Belly? Beſides, the firſt Object that uſually preſents itſelf, when the Belly is opened and the Omentum removed, is the Bottom of the Womb, perfectly diſengaged, and turned towards the Os Pubis, and its inner Neck towards the Sacrum, making an obtuſe Angle with the Vagina; it is neceſſary to be thus particular in this laſt Circumſtance, becauſe the ſtrict Obſervance of it will be of great Uſe, in Touching or examining pregnant Women; on the Exactneſs of which Operation, the Succeſs of the Delivery in a great meaſure depends, as ſhall be ſhewn hereafter. But to return: The Figure of the Womb is like a flattened Pear, or rather a Triangle, with the Corners rounded off, having a Hole pierced through each Angle; it is about three Fingers breadth long, reckoning the Collum minus, which is one Finger; two broad, and and one and a half thick, in Women who have

have had Children; but in thoſe who have not had Children, it is not much above half that Size; its Cavity in Virgins, will contain a ſmall Almond; the Form of it is ſtreight in the Middle, but more capacious on each Side, towards the Cornua; one Angle and its Perforation, makes the Orifice from the Vagina into the Womb; on the outſide, where it opens into the Vagina, there are little Lips, making an Appearance like a Rabbit's Mouth; but the whole Paſſage, which is about a Finger's Breadth long, being wider on the Outſide than at the Entrance into the Womb, and that full of Rimulæ, from its Reſemblance, is called Os Tincæ. After you paſs the Os Tincæ, there goes a kind of Ridge from it to the Bottom of the Womb, both on the upper and lower Side of it, which are contiguous to each other, making a Diviſion in that Cavity, which leaves, as it were, a Ventricle on each Side; in theſe Ventricles, at the other two Angles of the Womb, which are called its Cornua, are two very ſmall Perforations, for the Admiſſion of the impregnated Ovum; there are in the whole Surface of the Cavity of the Womb, and particularly about its Neck, a great Number of ſmall

Glands,

Glands, which ſeparate a mucous Liquor, to ſeal up, as is imagined, the Mouth of the Womb, after Conception; but this ſeems very improbable; firſt, from the Improbability of ſuch a Liquor in ſo moiſt a Part, acquiring a Conſiſtence neceſſary for that purpoſe; and ſecondly, from the Shape of the Orifice, which being exceedingly ſmall at the Entrance into the Cavity, has no Occaſion for ſuch a Contrivance; for the leaſt degree of Contraction, of which it certainly is capable, will effectually hinder the Exit, at leaſt of the Ovum. Theſe Glands being ſituated near the Neck, might poſſibly give riſe to this Conjecture; but it muſt be conſidered, that this is the only Place that can be ſpared for them, for the whole Bottom of the Womb is taken up by the Placenta; now the only Method to ſtrengthen this Opinion, is to find out ſome more efficacious Uſe for this Liquor; and that may poſſibly be, firſt, for the impregnated Ovum to ſwim in: Secondly, to forward the Growth of the Roots (if ſo we may call them) that are to inſinuate themſelves into the Mouths of the uterine Blood-Veſſels: Thirdly, to moiſten and lubricate that Side of the Chorion next the Womb: And fourthly,

ly, inſtead of cloſing, to help the Relaxation of the Os Tincæ, in Time of Labour. Theſe Glands when relaxed, are the Seat of a Fluor albus.

BEFORE we leave this Cavity, it may not be amiſs to take ſome Notice of the Diviſion made in it, by the meeting of the above-mentioned Protuberances from either Side: This in all likelihood, was deſigned to hinder Confuſion, in caſe of the Conception of Twins; for were it not for this Contrivance, the Placenta of either, might poſſibly as well grow to the other, as each ſeparately to the Fundus Uteri; and very probably, both Ovaria, and conſequently both Orifices of the Cornua, are imployed on this Occaſion.

NEXT we are to conſider the Womb with regard to its Subſtance and Structure, which is perhaps the moſt extraordinary of any ſimilar Part in the human Body: Its Subſtance is compoſed of fleſhy Fibres, interwoven with Blood-Veſſels, which are contorted ſo as to make ſeveral Bundles of different Directions, to ſtrengthen its contracting Quality, for the Expulſion of the Fœtus; the Bottom of the Womb

Womb grows thick as it dilates, for the more firm Attachment of the Radicles of the Placenta.

IT is certainly worth while to conſider, how this wonderful Dilatation of the Womb is performed, without leſſening the Thickneſs of its Subſtance; and in order thereunto, it is neceſſary to premiſe ſome few Circumſtances; Firſt, that the Subſtance of the Womb when not pregnant, is exceedingly compact: Secondly, that it is of a very whitiſh Colour: Thirdly, that when pregnant, and in proportion as that increaſes, it grows more and more ſpongy: Fourthly, that in the ſame Proportion, from whitiſh, its Colour becomes daily redder, 'till it approaches to blackiſh: Fifthly, that the Blood-Veſſels of the Womb have frequent Inoſculations, and that the Veins are without Valves: Sixthly, that the Catamenia are generally obſtructed from the Time of Conception, though the Embrio or Fœtus, from its Size cannot require ſo great a Quantity of Blood, if any, for its Support: Seventhly, and laſtly, that the Uterus immediately collapſes after the Extraction

tion of the Placenta from the Loſs of Blood that enſues.

FROM theſe Conſiderations, it is reaſonable to conceive, that the Uterus is compoſed of almoſt infinite Circumvolutions of exceeding ſmall Veſſels, which muſt be Continuations of the Spermatick Arteries, containing a moſt ſubtile Lymph forced into them by the Arteries, juſt to preſerve their Cavities open; and that upon Conception, there may this ſurprizing Alteration happen, among others as unaccountable, that inſtead of breaking forth, in the uſual monthly Eruption, the Blood may inſinuate itſelf into theſe Veſſels, and inflating them, unravel their Circumvolutions, and from exceedingly curved, make them approach to ſtrait Lines; which will evidently enlarge its Capacity, without diminiſhing, if it does not increaſe the Thickneſs of its Subſtance.

IT is demonſtrable, firſt, that from whitiſh, its becoming red muſt proceed from the Acquiſition of Blood which before it had not: Secondly, that from compact, its becoming of a ſpongy Texture, muſt be cauſed by the Dilatation

latation of thoſe Veſſels, whoſe Cavities before were exceedingly ſmall: Thirdly, as the Blood-Veſſels of the Womb have many Inoſculations, and are without Valves, this new Acquiſition of Blood muſt be the more general and uniform, conſequently, the Dilatation of the Womb equal: Fourthly, as there is an Obſtruction of the Menſes, even before the Adheſion of the Placenta to the Uterus, there muſt be ſome other Imployment for the Blood, beſides the Nutrition of the Fœtus: Fifthly, there appear Blood-Veſſels on the Surface of the Womb after Impregnation, that increaſe gradually to the Size of a Swan's Quill, which do not by any Means appear before Impregnation: And laſtly, when the Placenta is extracted, the Womb collapſes by the great Loſs of Blood which always follows.

FROM the foregoing Reflections, may be deduced ſome uſeful Remarks. It is known by Experience, that the menſtrual Diſcharge ſometimes continues in its uſual Regularity, for two or three Months after Conception, without any dangerous Conſequences; but when it happens out of the regular Period, there

there is Reaſon to fear an Abortion; and it is generally imagined by Women, that to uſe any Means (except keeping the Patient quiet) to prevent it, is uſeleſs, if not hurtful: This there is ſome Reaſon for, if the Eruption happens at the Bottom of the Womb, ſo as to eradicate any Part of the Placenta; for it is extremely probable, if the leaſt Portion of it be diſunited, that there will be a conſtant Flux of Blood, 'till the whole is ſeparated, and the Abortion compleated; but from the foregoing Theory of the Texture of the Womb, it is evident that this Eruption may happen at any Part of the Sides, or its Neck, as well as at the Inſertion of the Placenta, from any extraordinary Commotion of the Blood or Spirits; and in this Caſe, the Flux may be eaſily ſtopped, by making a Revultion; either by bleeding in the Arm, or taking a gentle Vomit, or both; but this and quieting the diſturbed Spirits, by the Help of Medicines, are to be done by the Advice of a ſkillful Phyſician.

THE Womb is ſupported by its Connection to the Vagina, and by four Ligaments, two round and two broad; the round take their

their Origin from the Neck of the Womb, and are continued to its Sides, till they come near the Cornua; then they go through the Rings of the Oblique and tranſverſe Muſcles of the Abdomen, and are partly inſerted into the Os Pubis, and partly into the Muſculus Membranoſus, on the inſide of the Thigh; theſe are ſtrong white Ligaments, thick at their Origin, and growing ſmall as they approach to their Inſertion. Their Uſe is to ſupport the Weight of the Fœtus, that it ſhould not preſs too much on the Vagina, Bladder or Rectum; and the Contrivance of Providence for that Purpoſe is admirable; for the Rings of the Obliquus ſerve as Pullies, whoſe Axes are higher than the Womb, without which, that great Weight could not be ſupported; all the Bones of the Pelvis being nearly on a Line with its Neck.

THE broad Ligaments, which are Continuations of the Peritonæum, from the lower Part and Sides of the Womb, are inſerted into the Oſſa Ilia; their Uſe is to keep the Womb from inclining either to one Side or the other, and they are a Suſpenſorium to it, when Women lie on their Back, that it

ſhould not preſs the ſubjacent Viſcera and great Blood-Veſſels.

AT the upper Edge of theſe Ligaments, there is another ſmall round Ligament, which is extended about four Fingers Breath from the Womb; to their Extremity, and continuous to the Ligamenta lata, are the Ovaria fixed; they are two whitiſh oval Bodies, a little flat, particularly on one Side; they are two thirds leſs than the Teſticles of Men, their Surface unequal, and as it were wrinkled in old Women, but ſmooth in Young; their Subſtance is compoſed of fibrous Membranes which leave little Spaces between them for the Eggs, which have each two Membranes, containing a pellucid Liquor, which congeals by boiling; their Number is uncertain.

FROM the Cornua Uteri, at the Perforations before mentioned, ariſe two Canals, for the Conveyance of the impregnated Egg into the Womb; they are very ſmall near their Origin, but grow large towards their Extremity, (ſo as to receive ones little Finger) which is jagged like Fringe, the better to imbrace

brace the Ovarium in the Act of Generation, for the Reception of the Egg, which as is ſaid before, it conveys into the Womb. How this great Myſtery of Nature is performed, I do not pretend to determine; but there we find it, and from that Time till it comes into the World, it is the Subject of our preſent Eſſay.

WHEN this Egg comes into the Womb, by the Moiſture and Warmth of the Part it ſwells, and in a vegetative manner ſhoots forth Roots from the Extremities of the Veſſels that were broke at its Separation from the Ovarium, which like Seed in the Ground, ſtrike into the Bottom of the Womb, where the Placenta is formed, which appears like a Cloud on the external Coat of the Egg; then the Heart or Punctum Saliens, the Spine, Cerebrum and Cerebellum, and laſt of all, the Extremities of the Embrio appear gradually, one after another.

HERE it is proper to conſider, in what Poſition the Fœtus lies in the Womb, during the Time of Pregnancy; as we are fre-

quently obliged to extract it by manual Operation, before the Natural Time of the Birth, on Account of extraordinary Uterine Fluxes of Blood, from various Causes as abovementioned. Its Posture then is this; its Head hangs down with its Face on the Knees, which are as high as the upper Part of the Breast, and its Heels close to the Buttocks, and the two Arms imbrace its Legs; having its Face towards the Mother's Belly; if we did not consider this Posture, in the great Hurry one is usually in, on seeing a great Flooding, we might take the Buttocks for the Head, they being when the Fœtus is young, very near of an equal Softness; whereas we must always on this Occasion take hold of the Feet.

THE Fœtus swims in a Liquor, which is contained in a Bag composed of two Membranes, called Chorion and Amnios; the Chorion, which is the external, is by much the thicker, somewhat opake, rough on its Surface next the Womb, having visible Blood-Vessels, and is contiguous to the whole Inside of the Womb; the Amnios which is much thiner, and perfectly transparent, lies immediately

diately under this, and is next the Fœtus and Waters; theſe Membranes are continued to the Bottom of the Womb by the Placenta, and the Fœtus to them by the Funis Umbilicalis: All which gradually grow together in proportion to each other, from the Time of their Formation, till they are brought forth. In the laſt Month the Womb extends itſelf through the whole Cavity of the lower Belly up to the Diaphragm, and under the Concave Side of the Liver, which cauſes ſuch a Difficulty of breathing in pregnant Women, after eating a plentiful Meal; the Membranes being contiguous to its Inſide, are nearly of the ſame Size, and beſide the Fœtus which they contain, are always full of Water, which increaſes in Quantity, as they do in Capacity; the Placenta at its full growth, is commonly about eight Inches diameter, being of a round Figure, and in its Middle about two Inches thick, but growing thin towards its Circumference; its Subſtance is made up of infinitely ſmall Blood-Veſſels both Veins and Arteries, which are joined to thoſe of the Matrix, which are the Source of the menſtrual Evacuations before Pregnancy. The Veins of this Maſs join together as they approach the Funis,

where they are all united into one Tube large enough to receive a little Finger, which is called the Umbilical Vein.

THIS Vein enters into the Abdomen of the Fœtus, at the Navel, and goes directly into the Liver, where it diſcharges itſélf into the Sinus of the Vena Portæ; whence by a particular Canal it is carried in part to the Vena Cava, which conveys it to the Heart. As the Circulation through the Heart and Lungs of a Fœtus is extremely different from that of an Adult, it may not be amiſs in order to illuſtrate that Difference, to remind the Reader of its Circulation in an Adult: Here the Blood is brought by the Cava into the Right Auricle of the Heart, thence into the Right Ventricle, which by its Contraction forces the Blood through the Pulmonary Artery and its Branches in the Lungs, where it is again received by the Pulmonary Vein, and brought back to the left Auricle, thence into the left Ventricle, which drives it into the Aorta, and ſo through the whole Body.

Now in the Fœtus, the Blood, as was ſaid before, is conveyed by the Canalis Venoſus into

into the Cava, thence to the right Auricle, from that the greateſt Part of it is conveyed immediately into the left Auricle (and ſo on as in the Adult) by an Opening in the Partition that divides them, called Foramen Ovale from its Figure; were it not for this Contrivance, there could be no Circulation, for being deſtitute of Reſpiration, the Blood could not paſs through the Lungs as in the Adult; but that the right Ventricle ſhould not be abſolutely without Action, ſome Part of the Blood eſcaping the Foramen Ovale, goes into it, whence it is thrown into the Pulmonary Artery, which ſtill meeting with Oppoſition in the Lungs, in great meaſure paſſes directly into the Aorta, by a Canal for that purpoſe, called Canalis Arterioſus, and thence through the whole Body of the Fœtus.

BUT to continue the Circulation between the Mother and Fœtus: From the Iliacs ariſe the Umbilical Arteries, which are two in Number, one from each Iliac, which go along the Sides of the Bladder, continuous to it, and contiguous to each other, from thence to the Navel, whence they go ſpirally round

the Umbilical Vein, till they enter the Placenta, where they are divided into very ſmall Branches to join the Uterine Veins.

THE Umbilical Vein and Arteries make the Funis, which is about the Thickneſs of one's Finger, and a full Yard long.

IT has been ſtrongly argued by many eminent Authors, that there is no Circulation between the Mother and Fœtus, and whole Volumes have been wrote in Defence of their Opinion; but certainly it was more for the Love of Argument, than the Deſire of propagating true Knowledge. For what need there be more ſaid to prove it, than that if you cut the Funis before the Extraction of the Placenta, the Blood will flow from the Mother by the Umbilical Vein; and from the Fœtus by the Arteries, if there be not a Ligature between the Section and the Fœtus, which I have tryed for Experiment Sake.

Now we have brought the Fœtus to the Time when it is generally thought that the Head grows ſpecifically heavier than the Body; which is ſaid to be the Cauſe of its coming

ing foremoſt into the World; this is a ſtrange Conjecture, when every conſidering Perſon muſt be convinced, that the Head is really larger in a double Proportion, with regard to the Body, at its firſt Formation, than at the laſt Month of Geſtation. With the greateſt Submiſſion to thoſe of better Judgement, the Cauſe ſeems evident from the original Poſture of the Fœtus; namely, having the whole Spine curved, its Head hanging down as if it were looking into the Pelvis, ſo that the Fontanell is juſt oppoſite to the fore Part of the Mother's Belly. Now let us conſider that the firſt and greateſt Efforts for the Expulſion of the Child, are in the Bottom of the Womb, which preſſes directly on the Back of its Head, and muſt immediately turn it downwards with its Head towards the Vagina, and Face to the Mother's Back, eſpecially as it is at this Time floating in the Waters.

IF this Opinion be juſt, it muſt neceſſarily follow, that the Change of Situation in the Fœtus does not happen, till after the firſt Labour-Pains; and it is alſo very probable, that the Waters begin to gather immediately after the Child turns, for as the Head takes up leſs

Space

Space at the Neck of the Womb, than the Buttocks, Legs and Thighs, the Membranes are more at Liberty to fall down by the Weight of the Water, and forcing of the Mother, by the Contraction of the Abdominal Muſcles.

WHEN Matters arrive at this Period, it is Time to conſider every Thing that may enable us to aſſiſt both Mother and Child in their reſpective Exigencies; and hereto it is of great Advantage to be well acquainted with the Form of the Pelvis.

As it was before obſerved that the Reader is ſuppoſed to be an Anatomiſt, it would be therefore needleſs to give a Deſcription of the particular Bones and their Articulations; but this much may not be amiſs, that is, to adviſe every one who intends to practiſe Midwifry, to make himſelf as well acquainted as he can, with the different Shape of the Pelvis of every Skeleton he ſees, by introducing his Hand between the Os Coccygis and Iſchium, and by that means to make the nicer Obſervation of the different Forms of that Opening; this Obſervation will be of Uſe in the Skeleton of

Males

Males as well as Females; For though in general, Females have the larger Pelvis, yet they differ in reſpect of each other, in the ſame manner that thoſe of Men do; ſome having the Pubis very near the Sacrum, ſo as to make the Paſſage between them very narrow; others having the lower Part of the Sacrum and Coccygis, inclining into the Bottom of the Pelvis, ſo as to make that Part narrow; in ſhort the Reader will find by accuſtoming himſelf to compare the Shape of his Hand to that of the Entrance into this Cavity, that he will be much the better able, upon examining a Woman in Labour, to judge of the Shape of her Pelvis, and conſequently how to conduct himſelf.

IN the next Place, it will be of great Advantage to the Operator, to conſider the lax, plyable Texture of the Parts of a new born Fœtus; for the Bones of the Cranium have no Sutures, but are very thin and ſoft at their Edge, that they may ſlip over each other, to contract the Size of the Head, in its Paſſage through the Perforation of the Pelvis, to which the Opening of the Fontanell greatly contributes. The Articulations of the Limbs

are

are extremely flexible, their Ligaments being extraordinary long, and the Epiphiſes and Apophiſes of the Bones, compoſed of the ſofteſt Cartilages; and were it not for this Contrivance, a Child in a preternatural Situation, could never be extracted.

Now we are to conſider the natural Situation of the Child in Time of Labour, with a little more Circumſpection than has hitherto been obſerved; for hereon depends in a great Meaſure, either the Happineſs or Miſery both of Mother and Child; and for want of a ſtrict Regard to this Circumſtance, many natural Labours have become in the End, very tedious and dangerous; nay, in all Probability often mortal to both. When a Child preſents itſelf naturally, it comes with the Head foremoſt, and (according to all Authors that I have ſeen) with its Face towards the Sacrum of the Mother, ſo that when ſhe lies on her Back, it ſeems to creep into the World on its Hands and Feet. But here I muſt differ from this Deſcription in one Point, which at firſt Sight may probably ſeem very trivial: The Breaſt of the Child does certainly lie on the Sacrum of the Mother,

ther, but the Face does not; for it always (when naturally preſented) is turned either to the one Side or the other, ſo as to have the Chin directly on one of the Shoulders.

THIS every Practitioner in Midwifry has in his Power to be certain of; yet it may not be amiſs to prove it to the Reader, who has not as yet practiſed, by plain Reaſoning: Firſt, it is evident that the Head, from the Os Frontis to the Occipitis, is of an oblong Figure, being very flat on each Side: Secondly, that the Body, taking in the Shoulders, makes ſtill a more oblong Figure, croſſing that of the Head; ſo that ſuppoſing the Woman on her Back, the Head coming into the World, is a Kind of Elipſis in a vertical Poſition; and the Shoulders of the ſame Form in an Horizontal Poſition: Thirdly, that the Pelvis is of an Eliptical Form, from one to the other Hip. Now if the Child preſented with the Face to the Sacrum, the oblong Figure of the Head muſt croſs that of the Pelvis; and if it were poſſible that the Head and Pelvis could be formed to each other, ſo as to admit of its Exit, it muſt of Neceſſity, from what has been ſaid above,

acquire

acquire another Form for the Admiſſion of the Shoulders; which is very different from the conſtant Uniformity in all the Works of Providence.

FROM what has been ſaid, it is evident that when the Child is turned, ſo as to have the Chin on one Shoulder, all the above Objections are removed; for the Head and Shoulders are on a parallel Line, in reſpect of their Shape, and at the ſame Time, both anſwer the Form of the Paſſage from the Pelvis.

FOR want of this Knowledge, many Labours prove dangerous and tedious, that might have been very ſucceſsful, had they been committed to Nature. For it is too common for Midwives, immediately on the Eruption of the Waters, to move the Child's Head to and fro, in order to facilitate its Exit; and this jogging, may very eaſily alter the Poſition of the Head, ſo as to make it what is generally eſteemed natural; hence the Crown of the Head, near the joining of the coronal and ſagital Sutures, are by the Efforts of the Mother, forced againſt the

Os

Os Pubis: When this happens, the Women tell you, the Head is fixed on the Share Bone, which in Reality, is the Interſection of two Elipſes, namely, the Head and the Paſſage from the Pelvis; but the Miſery does not end here; for the repeated Throws of the Mother, forcing the Head againſt the Pubis, at the Point above-mentioned, puſhes it ſo as to make the Lambdoidal Bone lye on the Back, whereupon the Face preſents itſelf; the Conſequence whereof ſhall be mentioned in its proper Place, when we treat of preternatural Deliveries.

IT is to be hoped that this Opinion, being founded on Theory, and confirmed by Experience, will meet with few Opponents; and without doubt, the due Application of it will be of infinite Uſe.

BUT to return to the Labour, where we left the Pains beginning and the Waters gathering, at which Time it is neceſſary to examine the Patient, in order to obſerve whether Matters be going right; and if otherwiſe, to give all proper Aſſiſtance. This Operation which is called Touching, and well

well worthy our Conſideration, is thus performed: The Patient muſt lye in the ſame Manner as if ſhe were bringing forth the Child; but as that is very different in different Countries, and by different Women in the ſame Country, it may not be improper to ſay ſomething on that Head. In *France* the Patient always lies on her Back, with her Head raiſed, her Heels approaching to her Thighs, and Knees extended from each other; this Poſture may anſwer well enough in natural and eaſy Labours, but where there is any Difficulty, 'tis the worſt that can be contrived; for as the Pudendum is on a Line with the Bed, it is very difficult to turn the Hand upwards to the Uterus, from the Impoſſibility of moving your Elbow lower than the Horizontal Direction of the Vagina, which is parallel to the Bed; and the Difficulty is ſtill more apparent when there is a Neceſſity for inſtrumental Operations. Mr. DEVENTER has invented a perforated two armed Chair, whoſe Back may be lowered or raiſed at Pleaſure, which he ſtrenuouſly recommends for Women to be delivered in, of which he has given us Figures in his Book of Midwifry; but here the Parts are too much

much expoſed to the Coldneſs of the circumambient Air, which is capable of doing great Miſchief, and therefore by all Means to be avoided; beſides it is impoſſible to come properly to your Buſineſs through a Hole in the Seat of a Chair. Both in *England* and *Ireland*, various are the Poſtures that Women are delivered in, namely, on their Back, Side, Knees, ſtanding, and ſitting on a perforated Stool; the Side is certainly the moſt advantagious Poſture for natural Labours; for the Patient is leſs ſubject to Cold, the Os Coccygis is not hereby preſſed inward, ſo as to hinder the Exit of the Child; and as the Operator and Standers by, are by this Means behind her Back, ſhe is leſs ſubject to be diſturbed by their Remarks and Whiſpers. The moſt convenient Poſture for preternatural Deliveries is on the Knees, which ſhall be particularly deſcribed, when we treat of the Operations neceſſary thereto.

As the Side is the Poſture for natural Deliveries, we will ſuppoſe the Patient in that Situation, with her Face inclined towards the Breaſt, and her Thighs as cloſe as may be to the Belly; the Buttocks near the Edge

of the Bed, and the Back in an oblique Direction from that to the Middle of the Bolſter; always obſerving to have a Pillow, or ſomething of that Kind between her Knees.

IF the Patient lies on the Right Side, you muſt examine with the Right Hand, therefore this is the moſt convenient; but ſometimes the Situation of the Bed, or the Patient's Inclinations are ſuch, that ſhe will lye on the Left; therefore you muſt be equally expert in uſing the Left Hand.

WHEN you find the Patient's Pains increaſe, and the Space of Time between them decreaſe, it is proper to whiſper the aſſiſtant Women to make her lye down in the above Poſture; leſt your deſiring it aloud might ſhock her; eſpecially if it be her firſt Child; you muſt alſo avoid Touching her till ſhe is actually in Pain, for your approaching to her will be much leſs terrible at this Time, than when the Pain is abſent; for want of theſe prudential Obſervations, the poor Woman is often terrified to ſuch a degree, that her Pains quite leave her.

Now

Now the Operator muſt come to that ſide of the Bed where the Patient lies, with her Back to him, and with all poſſible Decency and Deliberation, either ſitting or kneeling, whichever he finds moſt convenient, muſt put his Hand well greaſed with freſh Butter or Oil, under the Bed-cloaths, without uncovering any Part of the Patient; and introducing his fore-finger into the Vagina, muſt find out the Orifice of the Womb. Here it is neceſſary to conſider the Texture of the Vagina, and the Situation of the Womb in reſpect of the Vagina; otherwiſe you will expect to find the Orifice at the Extremity of this Canal, which is a great Miſtake; for it is mentioned in the Beginning of this Treatiſe, that the Direction of the Womb in reſpect of the Vagina, made an obtuſe Angle; wherefore the Finger muſt be a little bent towards the Bladder, and in this Direction, going forward about three Inches, you will find a Protuberance, as it were, on the Side of the Vagina, which is the Orifice of the Womb; though this be the Extremity of it, yet ſo looſe is its Texture, as has been already deſcribed, that if the Finger be kept

extended, it will go three or four Inches beyond the Orifice.

FROM the various Diſpoſitions of this Orifice in Time of Labour, may be deduced many uſeful Diſcoveries; namely, if on the firſt Examination it be ſomewhat dilated, its Edges flat and thin, that the Patients Efforts ſeem to affect it conſiderably, and that it is very near the Pudendum, you may expect an happy Event. But on the contrary, if the Orifice be difficultly diſcovered, if it appears prominent, hard and thick, and all the Circumjacent Parts dry and contracted; there is great Reaſon to dread the Conſequences; for its being diſtant from you, ſhews that the Child is acroſs in the Womb, which extending it from Side to Side, pulls up the Orifice, and makes it ſo much the more diſtant from your Finger; its being thick and hard, ſhews that it wants the Preſſure of the Head, to dilate and ſtretch it; and the want of Moiſture muſt be a great Obſtacle to its Relaxation.

WHEN

WHEN the Labour is ſomewhat more advanced, the Manner of the Waters gathering, will be alſo a Guide: As the Orifice increaſes, the Weight of the Water forces the Membranes through it, which is called the Gathering of the Waters: When this appears in an elaſtic, round, regular Bag, it is a good Sign; but when long, ſoft, and as it were like a Gut, it is bad; for here it wants the uniform Shape of the Head to hinder the Membranes from falling down more on one Side than the other. The more you perceive of theſe Appearances, the more you are under a Neceſſity of watching every Alteration, in order to adminiſter timely Aſſiſtance.

WHEN the Womb is ſo much dilated as to give Admiſſion to the Finger, you muſt examine between the Pains for the Situation of the Child; for in the Time of Pain, the Membranes are ſo tenſe from the Preſſure of the Water, that the examining for the Head, would endanger their Eruption before the proper Time; if you cannot find the Head, which will be diſcovered by its round Form and Hardneſs, and perhaps the Pulſation of the Fontanel, it is certain that the Labour

will be contrary to Nature, and that the Patient muſt be delivered, as ſhall be hereafter directed; but if the Head be eaſily perceived, attended with the happy Circumſtances already obſerved, the Labour will be expeditious, and require little or no Help, either for Mother or Child; but as it ſeldom happens, that all theſe good Appearances concur, even in natural Labours, we ſhall endeavour as much as poſſible to make up thoſe Deficiencies.

THOUGH the Child may be well Pitched, as it is uſually termed, yet the Labour may prove very tedious, from the defect of ſome Circumſtance already taken Notice of: Firſt then, from the Weakneſs of the Mother, not being able to aſſiſt her Pains by forcing downwards; here ſhe muſt be ſupported, rather by ſtrengthening Broths, than heating Cordials, which are too often given by ignorant Women; but if her Spirits be much exhauſted, and that her Pains grow very ſhort, and of little or no Advantage, then an Opiate is of ſurpriſing Service; for while the Medicine operates, the Patient is lulled, and the Pains quite removed; but when the Narcotic Quality is gone off, ſhe revives with

with new Vigour, and the Pains grow ſtrong and laſting; which frequently accompliſhes the Work in a very ſhort Time.

SOMETIMES Coſtiveneſs retards the Labour; for Pregnant Women, eſpecially towards the latter end, are much this way inclined; and it frequently happens, that ſome do not go to Stool in a Week before Labour; here the Inteſtinum Rectum muſt be much ſtuffed with Fæces, which certainly hinders the Exit of the Child; this Evil muſt be removed by a Clyſter, or more if thought neceſſary; this not only promotes the Excretion of the hard Fæces, but by its ſtimulating Faculty, excites the Pains, and forwards the Expulſion. The Perſon who is to adminiſter this Clyſter, muſt be deſired to introduce the Pipe gently, and with Caution, inclining the End of it rather towards the Sacrum, leſt by rubbing it againſt the Side of the Rectum next the Child's Head, the Gut might be bruiſed between theſe two hard Bodies, which will cauſe a very uneaſy Senſation, and a Teneſmus after the Birth, and perhaps grievous Symptoms, by deſtroy-

ing the Patient's Reſt, at this Time ſo neceſſary for her Recovery.

WHEN Labour is retarded by the thickneſs and hardneſs of the Orifice which hinders its Dilatation; it muſt be aſſiſted by introducing, firſt the Fore-finger into it, juſt before the Pain begins, for if you wait till the Pain is ſomewhat advanced, the Membranes and Water will be preſſed ſo cloſe to the Neck of the Womb, that the Introduction may endanger the breaking of them before the proper Time; when the Finger is thus introduced, the Orifice muſt be gently dilated, by moving it round its internal Surface, and when that has made ſome Progreſs, by introducing a ſecond, and ſo a third, till it be ſufficiently dilated; which is known by the Membranes breaking, and the Head taking up the Place of the Waters; this Dilatation muſt be continued till the Orifice gives Paſſage to the Head. This Motion of the Fingers muſt be performed with the greateſt Caution, otherwiſe the Edge of the Orifice may be torn, which will produce miſerable Conſequences, ſuch as violent Pain, Inflamation, Ulceration, Cancer, *&c.* as I once found

found in a Woman who ſent for me on Account of her After-pains, as ſhe called them, continuing much longer and more violent than uſual; upon Inquiry, I was told that ſhe had a very difficult and tedious Labour, and that the Midwife was obliged to work like a Horſe, as they expreſſed it, before ſhe could deliver her; when the Diſcharge of the Lochia ceaſed, which was ſooner than uſual, by Reaſon of her extraordinary Pain; it was followed by that of a fœtid, ſanious, black Ichor, which gave me terrible Apprehenſions; however, in ſome Time ſhe was cured, by the Help of anodine deterſive Injections, and taking ſome few Medicines of the hyſterical Tribe, by the Advice of her Phyſician. Some Time after ſhe conceived, and employed me to lay her; whatever her Labour might have been before, it was now extremely difficult; for upon examining, I found a large callous Ciccatrix on the Orifice, which made me dread the Impoſſibility of its ever being ſufficiently dilated; which really did not happen till after four and twenty Hours cloſe Application. This proves that all the violent Symptoms which happened after her late Labour, were owing to the Ignorance

rance of the Midwife, by lacerating the Orifice of the Womb.

THE Dryneſs and Conſtriction of the Parts, is another Hindrance to the ſpeedy Delivery of the Woman in Travail; though this does not often happen, yet I have known the Vagina ſo dry, and contracted to ſuch a Degree, that it was with Difficulty it would give Paſſage to the Finger; in this Caſe emolient Clyſters, and Injections into the Vagina are of great Uſe; I have found great Advantage from a Decoction of Linſeed and Oil of Almonds, injected frequently into the Vagina.

THE Os Coccygis being too much turned into the Pelvis, often impedes the Expulſion of the Child; this Difficulty is removed by forcing it back: The uſual Direction for this Purpoſe, (even by DEVENTER, who boaſts ſo much of the Rules he lays down for the right Management of this Bone, which he eſteems as one of the greateſt Diſcoveries he has made) is to introduce one or two Fingers into the Vagina, with the Palm of the Hand facing the Anus, and fixing the Fingers on the End of the Coccyx, puſh it back as much

as

as poſſible. I ſhall humbly beg leave to obſerve, that one or two Fingers, which is the moſt that can be uſed on this Occaſion, can have but very ſmall Force in this Poſition, and alſo that the Space which they take up in the Vagina, will produce as much Difficulty as the Crookedneſs of the Os Coccygis. Theſe Conſiderations induced me to try another Method, which anſwered the End much better; that is, to introduce the Thumb, being oiled, into the Anus, and fix it on the Point of the Coccyx; then apply all the Fingers of the ſame Hand, on the lower Part of the Os Sacrum, whereby making a Counterpreſſure, the Coccyx is pulled out by the Thumb, as far as is thought neceſſary, with great Eaſe.

THE next Difficulty to be ſurmounted, which indeed is a very great one, is when the Paſſage is hindered by the Interpoſition of the Os Pubis; the true Cauſe of this Evil has been already related, and upon the Knowledge of that Cauſe, depends the eaſy and ſafe Method of relieving both Mother and Child: In theſe Circumſtances, the Face is infallibly on the Sacrum, and there it is likely to remain

main till the Child is deſtroyed, and the Mother in great Danger, (except the Head be very ſmall or the Paſſage very large) if not replaced in its natural Poſture after the following Manner; which I declare to have practiſed ſeveral Times with Succeſs: When the Head is thus fixed, there is a conſiderable void Space in the Pelvis, on each Side of it, which is eaſily conceived from its oval Figure, and that of the Head interſecting it; you muſt Thruſt your four Fingers into one of theſe Spaces, having the Palm of the Hand next the flat Side of the Head; they muſt be forced in as much as poſſible, without hurting either Mother or Child, then turn your Hand till you find the Back of it directly on the Os Coccygis, and the Child's Head will turn with it, till its Chin is over its Shoulder; this done, the Obſtacle is abſolutely removed, and the Child will come happily into the World by a few Pains.

THOUGH the laſt Pains which are to bring the Child into the World, ought to be, and generally are the ſtrongeſt and of the greateſt Duration; yet it ſometimes happens, either by long Labour, natural Weakneſs, or the

Strength

Strength being impaired by ſome Diſorder; and alſo the Child's Head being over large, or the Bones of the Cranium being too much oſſified, or laſtly, for Want of ſufficient Moiſture; that the Mother is not able to atchieve this laſt Undertaking; therefore ſhe muſt be aſſiſted by Art; which is done with great Eaſe, if the Application be not too late; for Delays here are the moſt dangerous; there being a great Compreſſion of the lower Side of the Vagina, and Sphincter Ani, between the Child's Head and the Os Sacrum; and alſo of the Sphincter Veſicæ and the upper Part of the Vagina, between the Head and Os Pubis; the Conſequences of which are very obvious to the Anatomical Reader; for he muſt conſider the Degree of Relaxation in thoſe Parts, as preparatory to this Labour; and that their component Veſſels muſt at this Time be perfectly turgid, with fermenting Blood, by the Straining and Pain of the labouring Patient; which will inevitably render the circumjacent Parts that are free from the above Compreſſion, obnoxious to the moſt violent Inflamation, and in a very ſhort Time, great Swelling of the Parts before and behind the Head. A Mortification of the

Part

Part compreſſed, and conſequently Death. When Matters come to this Period, they are to be reckoned in the Number of preternatural Labours, where we ſhall treat of this, more at large; and at preſent return where the Mother and Child may be eaſily aſſiſted in their reſpective Exigencies.

WHEN the Child is very near coming into the World, with the Top of its Head juſt at the Labia Pudendi, and that there is no Obſtacle to its Expulſion, but either the Weakneſs of the Mother, the Size or Inflexibility of the Cranium, or the Dryneſs of the Parts; the Fore-finger muſt be well greaſed, and introduced into the Anus, with the Back of the Hand towards the Sacrum; when it is thruſt in as far as may be, by bending, you will eaſily fix it under the Child's Jaw-bone, near its Articulation with the Cranium; thus the Mother's Efforts may be very much aſſiſted by pulling the Child forward with the Finger bent under its Jaw; which commonly in this Caſe, anſwers the End much better than any Crochet, and (I need not ſay) with more Eaſe and Safety, both to Mother and Child.

THERE

THERE are many Defects both in Mother and Child which are Obſtacles to its Expulſion; but as they cannot properly be brought under the Head of natural Labours, we ſhall take Notice of them when we come to Labours contrary to Nature.

HAVING obſerved the principal Difficulties that natural Labours are obnoxious to, we ſhall now take a general View of the Patients Circumſtances, from the Beginning to the End of Travail, with Directions for her Management therein.

TOWARDS the latter End of the ninth Month of Pregnancy, the Patient imagines that every bodily Diſorder which affects her, is her Labour; and as at this Time the Muſcles of the lower Belly are much diſtended; and a great Weight on the Bladder and Rectum; the poor Woman muſt be ſubject to great Uneaſineſs and frequent Pains, which ſhe often miſtakes for her Labour, wherefore ſhe ſends for the Perſon who is to deliver her, who muſt take great Care not to be deceived alſo; for ſhould he from the exceſſive Complaints of the Patient, imagine her

in

in Labour, when ſhe really is not, and do any Thing to forward it, the Conſequence would be very bad, by bringing that to paſs, which Nature was not prepared for. To prevent this Miſtake, we ſhall endeavour to deſcribe the true Labour as exactly as is poſſible.

THE Pregnant Woman generally has for ſome Days before her Labour, a Diſcharge of a thick Mucus from the Vagina, at which Time all the private Parts are ſwelled, yet notwithſtanding they are in a State of great Relaxation. About a Day, or perhaps two or three before the Labour begins, ſhe perceives an extraordinary Uneaſineſs; and when the Labour really begins, a Pain in her Back, about the Region of the Loins, which laſts not long, but returns again, after perhaps half an Hour's Intermiſſion, with double Violence; theſe Pains increaſe as they return, extending their Limits on each Side in a circular Manner, 'till both Points meet at the Navel; then the Pain is ſo violent, that ſhe can no longer conceal it; ſhe is now obliged to ſtrain and force downwards at every Paroxiſm; the Pain alſo extending itſelf downwards, and uniting at one Point, which is the

Orifice

Orifice of the Womb; when you ſee Matters arrive at this Period, the Pulſe being very high, the Face red, the Patient frequently ſeized with a Trembling, as if in an Ague Fit, you may be ſure the Labour is preſent; till about this Time ſhe muſt not be examined; and if there be Reaſon from the Diagnoſtics before-mentioned, to expect an eaſy and happy Delivery, the leſs the Parts are handled, the better, for it frets and ſtimulates them at this Time, being very hot and ſuſceptible of Inflammation; yet if there be a Neceſſity for it, from ſome Difficulty already taken Notice off, let it be done with all the Delicacy and Tenderneſs that can be uſed; committing every Thing to Nature, as far as the Strength of the Patient will admit, rather than uſing any Violence; for in the moſt favourable Labours, poor Women endure as much Pain as Mortals are well able to undergo; and how wickedly cruel and hard hearted muſt he be, that would do any Thing except of Neceſſity, to increaſe their Miſery?

At this Time ſhe muſt take no ſolid Food except Bread; Broth or Jelly being the moſt proper Nouriſhment; her Drink ſhould be

ſuch as will promote a ſmall Degree of Warmth, and at the ſame Time not very heating; ſuch as Sack-Whey made ſtrong or ſmall as there is Occaſion; giving now and then ſome Spoonfulls of cold Cinnamon or Pennyroyal-Water, by Way of Cordial when the Pain ſeems to grow languid.

YOU muſt ſtay nigh the Patient, to be ready on the Eruption of the Waters, for then the Hand is of Service in the moſt eaſy Labours; for the ſame Efforts that break the Membranes, thruſt the Head into the Orifice, which is not yet large enough to give it Paſſage without Violence; wherefore the Aſſiſtance of the Hand muſt be adminiſtred in this Manner: It muſt be introduced as the Pain begins, and as the Head is forced down, endeavour to thruſt the Edge of the Orifice up; and do all that is poſſible without committing Violence, to make the Orifice quite paſs over the Head; by this Means, the Labour is not only haſtened, but the preſent Pain much leſſened; for as there is no counter Reſiſtance to the forcing of the Child's Head againſt the Orifice, but the Ligamenta Rotunda, they are violently ſtretch-

ed,

ed, which cauſes ſuch violent Pain in the Groins and down the Thighs; this the Hand evidently prevents; and very often a Prolapſus Uteri, or at leaſt of the Vagina is hereby hindered.

THOUGH in general, the Membranes ſhould be left to break of themſelves, yet it ſometimes happens, that from their extraordinary Thickneſs, the Mother's Efforts are not ſufficient for that Purpoſe, notwithſtanding the Orifice be dilated to its full Extent. When the Operator is perfectly convinced of this, he may with Safety break the Membranes, and the Child will immediately follow.

NOW the Pains grow beyond all Compariſon greater and more laſting than before, and the Top of the Child's Head begins to appear without the Private Parts. Here you muſt have both Hands ready, one at each Side, to take hold of the Head, when it comes as far as its Ears, loſing no Time, but pull the Child forward, leſt if you be ſlow, the Orifice may cloſe about its Neck; if the Shoulders do not come readily, put in a Finger under the Axilla, and bring it forward.

When the Shoulders come forth, there is no Neceſſity for any Hurry in bringing forth the Child, but on the contrary; for if the Funis ſhould be rolled about its Neck or Body, ſo as to ſhorten the Length of it, it might be hereby broke, or the Placenta forcibly diſunited from the Womb, which would occaſion an immoderate Flux of Blood.

THE better to accompliſh theſe Matters, the Operator muſt be ſeated at the Bed-ſide, within Reach of the Patient, having a large Sheet or ſome ſuch Cloath doubled before him; when the Child is brought forth, he muſt lay it on his Lap, as far from the Mother as the Length of the Funis will admit; and immediately examine if there be another or more Children; if there be, you will perceive it by the Mother's Pains continuing, and the gathering of new Waters; being convinced that there is a ſecond Child, the Membranes muſt be immediatly broke without waiting for Pains, there being ſufficient Dilatation already; and introducing the Hand into the Womb, to find out the Feet, the Child muſt be brought forth by them.

WHEN one Foot is diſcovered, the Fingers muſt be ſlipt up the Thigh to the Parts of Generation, and ſo down the other Thigh, till there is Hold of both Feet: Without this Precaution, one may take hold of a Foot of different Children, which muſt be both torn off, before they could be thereby brought forth. Having Hold of the Feet, draw them forward till the Hips appear, then obſerve whether the Child's Face or Back be next the Mother's Belly; if the Face, it muſt be turned as it is drawn forward, ſo as to have it towards the Mother's Back; this Turning muſt be performed in its Paſſage from the Hips to the Breaſt; when it is come thus far, introduce a Finger at one Side into the Vagina, where will be found the Child's Hand, lying up along the Side of the Head; this muſt be brought forth, by bending the Finger about it, as near as poſſible to the Articulation of the Ulna and Humerus; and by drawing it gently forward, it will eaſily be extracted, on Account of its ſurprizing Flexibility, as has been obſerved, in recommending the comparative Anatomy between a Fœtus and an Adult; the ſame Directions muſt be obſerved, with regard to the other Hand;

this done, the Head only remains to be extracted, which muſt be done very cautiouſly, and without Loſs of Time; leſt the Orifice ſhould cloſe round the Neck, which would be a very dangerous Circumſtance, as ſhall be remarked in its proper Place; therefore immediately after the Hands are brought forth, before the Body is drawn any more forward, the Operator muſt ſlide his Hand along the Child's Breaſt, putting his Fore-finger into its Mouth, in order to hinder the Coccyx from ſtopping its Exit, from its curved Form coming under the Chin; but this Impediment, and that by the Back of the Head coming againſt the Pubis, are avoided, by turning the Head towards the Shoulder, which may be eaſily done by the Finger already in its Mouth. The Hand under the Breaſt will ſupport the Child's Weight, while the other muſt be layed on its Back, with two Fingers bent over each Shoulder, on each Side the Neck; thus it muſt be drawn forward, moving it from Side to Side, till it is compleatly extracted. If there be more than two Children, all after the firſt are brought away by the ſame Method.

THE Method of extracting the ſecond immediately after the firſt Child, is never practiſed by the Female Adventurers in the Art of Midwifry; for they leave it all to Nature; cutting the Funis, and tying it to the Mother's Thigh; they wait for a new Labour, and the Waters gathering, which the poor Patient is ſeldom able to undergo, being much weakened and fatigued by what ſhe has already ſuffered; yet it ſometimes happens, that ſhe is a full Week between the bringing forth of two Children, and frequently two or three Days.

CONSIDER now the melancholy Situation of this unhappy Patient, from the Ignorance of the Midwife; Firſt, her Diſappointment is very great, from the Aſſurance of having got over her Pains, the Hopes of being immediately laid in a clean eaſy Bed, which is the moſt comfortable Thing in the World, to a new delivered Woman; the Fear and Dread of going through the Miſeries that ſhe had but juſt overcome; and probably her preſent Weakneſs makes it appear infinitely the more terrible; but ſuppoſe the ſecond Labour ſhould laſt a Week or more, which is well

known often to happen; how muſt the whole animal Oeconomy ſuffer, from her want of Reſt for ſo long a Time, which is certainly hindered by the Pains which never ceaſe, more or leſs? How muſt the Maſs of Blood be viciated by the Placenta of the new born Child, which is now intirely an extraneous Body, and extremely ſuſceptible of Putrefaction? Hence Suffocations, hyſterical Affections, Fever, Dilirium, Convulſions and Death. I delivered a Woman once of a ſecond Child, the third Day after the firſt, who had ſo violent a Fever, and raved to ſuch a Degree, that the whole Time of the Operation, which was at leaſt twelve Minutes, ſhe did nothing but ſing: notwithſtanding ſhe muſt have had a great deal of Pain, for the Orifice was contracted to the Diameter of half a Crown. But to proceed:

THE Patient being delivered of the Child, the next Thing to be done, is to remove the Placenta, or After-birth, ſo called from the Neceſſity of its following the Birth. If there be but one Child, the Funis or Navel String is not to be cut, till after the Extraction of the Placenta; if more than one, it muſt be cut

cut before the Extraction, to remove the born Child from any Inconvenience ; but no Placenta muſt be extracted, till all the Children are born, for that would cauſe a dangerous flux of Blood.

THE Child, as was ſaid before, muſt be laid on the Operator's Lap, or on the Bed, as far from the Mother as the Length of the Funis will admit ; which he muſt take in the right Hand, about ſix Finger's Breadth from the Pudendum, and roul it twice or thrice about his Finger ; then the firſt and ſecond Fingers of the left Hand muſt be thruſt into the Vagina, by its Direction ; and the Patient ſtopping her Breath and forcing as if ſhe were at Stool, the Navel-ſtring muſt be gently pulled forward as ſhe forces, the Operator rather waiting for her Expulſion of it, than being too deſirous to extract it ; for pulling the Funis ſo as to extract the Placenta forcibly, may probably cauſe a Flooding ; or perhaps break the Navel-ſtring whereby the Placenta would be very difficultly brought forth ; therefore let him juſt pull it ſufficiently to make it incline forward ſtill inſiſting on the Patient's forcing down, which

if

if ſhe be not able to do of herſelf ſhe muſt be compelled to it, by putting a Finger into her Throat, which will cauſe a Preſſure of the Diaphragm, and the Muſcles of the Belly, by her Efforts to vomit; by theſe Means it is commonly brought forth in about five Minutes. When it comes away by Expulſion, it always is whole, but it is ſubject to be broke, and Part of it left in the Womb, if any Violence be uſed for its Extraction.

MOST Authors give a ſtrict Charge to loſe no Time in the Extraction of this extraneous Body leſt the Orifice of the Womb ſhould contract and obſtruct its Paſſage; and for this Reaſon they adviſe the Introduction of the Operator's Hand into the Matrix; and by inſinuating the Fingers between it and the Placenta, to cauſe their Separation, the Manner of doing which, ſhall be preſently deſcribed. This Fear of the Womb cloſing, makes many Operators too haſty, which often produceth fatal Accidents.

THE firſt and moſt common is breaking the Funis, which is effected with very little Force: for though it be of the Thickneſs of a Finger,

a Finger, yet its component Fibres are very few, for by drying, it dwindles to a very ſmall Size: And another Thing that makes its Reſiſtance very inſignificant, in Proportion to its Thickneſs, is, that the three Blood-veſſels in which its Strength chiefly conſiſts, are not of an equal Length, which is apparent from the Circumvolutions of the Arteries round the Vein, hence it is evident that the Vein muſt be broke, before the Arteries are in the leaſt put on the Stretch. Now the breaking of this String produceth the following Evils; namely, an immoderate Flux of Blood by the Umbilical Vein; the great difficulty of extracting the Placenta without its Direction and Aſſiſtance; the intollerable Pain cauſed by the (then neceſſary) Introduction of the Hand into the Womb, and the Danger of not removing the whole Subſtance intirely; and laſtly, whatever Diſorder the Patient may be ſubject to, during her Lying-in, will certainly be imputed to this Miſchance.

Secondly, the over-haſty Extraction of the Placenta, may cauſe an immoderate Flux of Blood, by the immature Dilaceration of the Uterine

Uterine Blood-veſſels ; for when Nature does the Work, the Contraction of the Womb cloſes the Mouths of the Veſſels, at the ſame Time that it diſcharges itſelf of the Placenta. Thirdly, it may cauſe a Prolapſus Uteri, in a manner ſo evident, that it needs no Deſcription.

THE Reaſon why we Operators run the Riſque of committing theſe Errors, is, leſt the Oriſice of the Womb ſhould refuſe a Paſſage to the Placenta, by its ſpeedy Contraction. I ſhall therefore, endeavour to prove that the Oriſice is not capable of ſo ſpeedy a Contraction, as is generally imagined.

IT is univerſally allowed, that the Efforts of the Mother in Time of Travail, tend chiefly to the Dilatation of the Oriſice ; it is alſo undeniable that theſe Efforts continue after the Child is born, untill the Expulſion of the Placenta is compleated ; hence it follows, that till after this Time the Oriſice is incapable of abſolute Contraction. Beſides it is well known that the Placenta has often been extracted, one, two, or three Days after the Birth of the Child, when it has been left behind

hind by ſome Malpractice of the Female Midwife; and this Extraction performed by the Introduction of the whole Hand, through the Orifice into the Matrix. Hence it muſt follow, that if the Orifice be wide enough to receive the Hand, ſome Days after the Birth, there certainly will be very little Danger of its cloſing in a Quarter of an Hour, ſo as to hinder the Expulſion of the Placenta. I ſhall beg the Reader's Leave to add one Circumſtance more to confirm this Argument, which ſeems to put it beyond all Controverſy; namely, that Nature deſigned its Expulſion by the Efforts of the Mother; which is proved by real Matter of Fact; for there are conſtant Inſtances of Women bringing forth both Child and Burthen without any other Aſſiſtance than that of Nature.

THIS happens chiefly to thoſe who have Baſtards, Women at Sea, and in Camps.

NOTWITHSTANDING what has been ſaid on this Subject, it muſt be allowed that Mr. DEVENTER, whoſe Authority has univerſal Approbation, ſtrenuouſly adviſeth the conſtant Extraction of this Burthen by the Introduction of

of the Hand ; and very much condemns the pulling it forth by the Funis ; therefore we muſt endeavour to remove his Objections to this Praictce, which he allows to be the moſt general in all Parts of the World.

FIRST he ſays that immediately after the Child comes forth, you may thruſt not only the Hand but the Arm alſo into the Womb, without giving any Pain, the Orifice being at this Time ſufficiently dilated ; whereas if you try different Means, as deſcribed by other Authors, it will in the mean Time, be ſo much contracted, that the Hand cannot paſs it without great Pain. Here I allow, that were there a Neceſſity for putting the Hand into the Matrix, the Orifice is at this Time more dilated, than it would be in ſome Time after ; but our Author is certainly miſtaken in the moſt material Part of his Argument ; for it is not the paſſing the Hand through the Orifice of the Womb, that gives the Patient ſuch great Pain ; but it is its paſſing through the Bones that make the opening into the Pelvis, which I may venture to ſay, never alters as to its Size : This indeed does give very extraordinary Pain, which is the chief

Reaſon

Reaſon why the Operation ſhould be avoided, when there is not a Neceſſity for it.

AGAIN he ſays that immediately after the Delivery, not only the Orifice, but the Matrix, is ſufficiently relaxed; and that after ſome ſmall Time, it contracts by Degrees, and intirely incloſes the Burthen, ſo that from a flat ſoft Cake, it becomes hard and oblong, and as it were contained in a Purſe with running Strings drawn up tight about it; which makes the Extraction ſtill more difficult. Theſe Accidents may certainly happen to an unſkilful and diſhoneſt Midwife, who by pulling the Funis too forcibly, might break it; and rather than acknowledge her own Ignorance, by calling for Aſſiſtance, would pretend that the Patient was ſafely delivered. But all this could not poſſibly happen in the longeſt Time that is neceſſary for its Expulſion; which, if it cannot be brought to paſs in a reaſonable Time, ſuppoſe ten Minutes, which perhaps does not happen to one Woman in five hundred, it is then Time enough to put the miſerable Patient to the Torture of introducing the Hand,

and

and thereby ſeparating it from the Fundus Uteri.

OUR Author alſo ſays, "that by this Me-
"thod of putting his Hand into the Womb,
"he diſcovers whether there be more Infants
"to come forth; if there be any Mole or o-
"ther extraneous Body". This I own is a very laudable Cauſe for introducing the Hand into the Womb, where the Paſſage into the Pelvis will admit of it without Pain, which is a Happineſs many Women do not enjoy; in this Caſe we may content ourſelves by ſearching with two or three Fingers, immediately after Delivery, when the Womb is within an Inch of the Pudendum, from the great Diſtention of the Vagina, which grows ſhort as it widens.

ONCE more I muſt bring Nature for my Advocate, which never intended that the Placenta ſhould be ſeparated from the Uterus, by the Intervention of the Hand, as was proved before. Moreover, though there were no Pain in the Introduction of the Hand, yet Mr. DEVENTER's Practice is bad on other

Accounts

Accounts as I ſhall here endeavour to demonſtrate.

IN order to make this Matter more clear, it is neceſſary to conſider, that the Placenta is a moſt ſoft, ſpongy, parenchymatous Subſtance, eaſily divided, and broke by the leaſt Handling; we muſt alſo conſider, that in the Expulſion of the Burthen, the Action is intirely in the Matrix, by means of the Diaphragm and abdominal Muſcles preſſing it, which forces out the Placenta as excrementitious; and as this Action is uniform, all Parts of the Placenta are equally preſſed, therefore it comes out one intire equal Body, with its Surface next the Womb perfectly ſmooth; which ſhews that there is no Part of it left behind.

Now as for the Extraction; ſuppoſe the Hand introduced into the Womb, even without giving the Patient any Pain; it is a Difficult Matter, in the firſt Place, to find out the extreme Circumference of the Placenta, ſo as to begin the Separation without breaking in through the Subſtance of it; and conſequently leaving ſome Fragments of it behind;

the Effects of which ſhall be preſently taken Notice of: Secondly, when there is a Separation made of a ſmall Portion of it, it is continued by putting the four Fingers between it and the Womb, and by preſſing them different Ways at the ſame Time, and in a progreſſive Manner, till the whole is compleated.

HENCE it follows, by an exact Compariſon, that by this manual Operation, the Efforts of Nature are quite rejected and rendered uſeleſs: Secondly, it is almoſt certain that the alternate Motion of the Fingers, between the Womb and this ſoft Body, muſt tear and mangle it in ſuch a Manner, as inevitably to leave ſome of it behind, which is ſtill confirmed by the Inequality of the Action, in Compariſon of that in the Womb.

IT may not be amiſs, by way of Excuſe for detaining the Reader ſo long on this Subject, to mention ſome of the Diſorders conſequent to the leaving any Part, how ſmall ſoever, of the Placenta in the Womb: Firſt then, it may cauſe a great Flooding as it is generally called, by hindering that Contrac-

tion

tion of the Matrix, whereby the Mouths of the Veſſels are cloſed: Secondly, by corrupting and communicating its Effluvia to the Maſs of Blood, it is capable of producing almoſt any Diſorder that the animal Oeconomy is ſubject to; it alſo often cauſes Impoſtumations, Abſeſſes, Scirrhus, Cancer, Gangrene and Mortification in the Womb itſelf; wherefore it is certainly incumbent on us, to conſider this Matter with more Circumſpection than at firſt Sight may perhaps ſeem neceſſary.

THOUGH this Practice of extraction muſt be condemned, as conſtantly uſed in natural Caſes, yet where the Caſe is preternatural, it is abſolutely neceſſary; namely, when by injudicious Management the Funis is broke; when the Patient is ſo weak as to be incapable of giving any Aſſiſtance, and that the Operator does not think it ſafe to depend on the Strength of the String; when the Child has been ſome Time dead, and the String thereby become rotten, and the Placenta corrupted; and beſide theſe, in many other Circumſtances that may occur to the prudent Operator; always obſerving, that it is better

to depend on Nature, while there are any reaſonable Hopes of Succeſs, than too precipitately to have Recourſe to Art.

HAVING endeavoured to remove all Difficulties, let us ſuppoſe the Patient delivered of the After-burthen; which muſt be ſeparated from the Child alſo; this is done by making a Ligature about three Inches from the Navel, on the Funis, and then cutting it with a Pair of Sizzars an Inch beyond that, towards the Placenta.

IMMEDIATELY after the Expulſion of the Placenta, there follows a Diſcharge of Blood, whoſe Quantity differs in different Women, ſome having very large Diſcharges, without being in any Danger; others very ſmall and no bad Symptoms enſuing; therefore the concomitant Symptoms muſt be the Guide. If the Patient has had Children before, ſhe will complain if the Quantity exceeds what was uſual; and though it be her firſt Child, there are always preſent thoſe who have had Children, that will inform the young Practitioner; together with this, the uſual Symptoms that attend extraordinary

Loſſes

Loſſes of Blood, will be a ſufficient Conviction of her Diſtreſs, and Neceſſity for ſpeedy Relief. If the Placenta be broke, or the Surface that adhered to the Womb unequal, it is next to a Certainty, that ſome Part of it remaining, is the Cauſe of this Evil; and though it ſhould not be ſo, it is neceſſary, immediately to introduce the Hand into the Womb, to try if there be any extraneous Body, which might hinder its Contraction; be it Part of the Placenta, Mole, grumous Blood, or any Thing elſe, it muſt be inſtantly extracted, whereupon the Flux will ceaſe.

IF there be nothing found amiſs in the Womb, and that the Flooding ſtill continues violent, the Diſorder proceeds from ſome bad Diſpoſition in the Conſtitution, which requires the immediate Aſſiſtance of a ſkilful Phyſician.

PART II.

IT is evident from what has been ſaid through the whole Courſe of the foregoing Treatiſe, that the Courſe of Anxiety, Pain and Danger which Women undergo, from the Time of Pregnancy, till ſome Time after the Birth, is very conſiderable, even when it is moſt ſucceſsful. How extraordinary then muſt the Danger be, when Nature is interrupted in her uſual Progreſs, towards a happy Concluſion of this grand Undertaking? Here it is, that a Surgeon meets with the Teſt of his Skill, and of the Dexterity of his Hands; here it is, that he muſt call to his Aſſiſtance all his Reſolution, Humanity, Intrepidity, Caution and Circumſpection; and here I muſt beg Leave to adviſe the young Practitioner, that he may not interfere in a Matter of ſuch important Conſequence, both to his own Conſcience and Mankind in general, till, after being perfectly well acquainted with Chirurgical Operations

of

of all Kinds, he has for ſome Time given himſelf wholy up to the particular Study of this Art. In all other Chirurgical Caſes, you have the Aſſiſtance of your Eye for your Guide and Direction; whereas here you muſt not only operate in the Dark, but even uſe cutting Inſtruments, not abſolutely under the Direction of your Hand, and that indifferently with both Right and Left, as there is Occaſion. Hence it is evident, that the Exerciſe of the Mind by reading; though abſolutely neceſſary, will never without Practice, adapt the Hands to the Performance of Operations neceſſary for the Accompliſhment of this, or even any other meaner Art.

THOUGH it cannot be denied, that there may be as good Phyſicians and Surgeons brought up and educated in *Dublin*, as in any Part of the World, without being obliged to go to any other Country for additional Experience; yet I cannot help declaring the Neceſſity of being indebted to *France* for the true Knowledge of practical Midwifry; for the Opportunities which are there met with, are no where elſe to be found, without which, it is hardly poſſible to be an

Adept; namely, thoſe of occular Demonſtration of Women being delivered, both in natural and preternatural Labours; where, as well the external Parts of the Patient, as every Action of the Operator, are the whole Time in View; the Neceſſity of which Advantage, there is no Need of Arguments to prove.

BESIDE the above-mentioned Acquiſitions neceſſary for a practiſing Man-midwife, he muſt always obſerve an exact Regularity in the general Conduct of his Life, keeping up to the ſtricteſt Rules of Sobriety; for he knows not the Inſtant he may be called, where the greateſt Coolneſs and Steadineſs of Mind and Body are requiſite; therefore he muſt never venture to run the Riſque of being intoxicated with ſtrong Liquor, whereby not only his own Reputation, but the Lives of a Mother and Child may be brought into extreme Danger.

IN the following Part of this Eſſay ſhall be given, a ſhort View of what is to be done for the Aſſiſtance both of the Mother and Child, in preternatural Labours, where the Child

Child cannot come forth without the immediate Aſſiſtance of the Operator's Hand, either with or without Inſtruments; when they are to be uſed, and the particular Inſtrument moſt proper for each Caſe, together with the Deſcription and Application of ſome Inſtruments contrived by the Author.

UNDER the Denomination of preternatural Labours, ſhall be included, every Accident that Women are ſubject to, where Operation is neceſſary at any Time during the whole Courſe of Pregnancy; beginning firſt with Abortion, or as it is commonly called Miſcarriage.

BY Abortion is meant the bringing forth a Child, before the Time deſigned by Nature for its Perfection, from what Cauſe ſoever; for as a mere Operator, it is not my Province to enter into the more remote Cauſes of this, or any other Matter contained in this Treatiſe; therefore, whatever may be the Procatarctic, the immediate Cauſe is the Separation of the Placenta, either wholy or in part, from the Fundus Uteri, and an immoderate

moderate Flux of Blood from the Pudendum conſequent thereupon.

THOUGH it be not natural to have any uterine Diſcharge during the Time of Pregnancy, yet it frequently happens, without any Danger of Abortion, or any other ill Accident; wherefore it is neceſſary, exactly to diſtinguiſh, between the Diſcharge that is, and that which is not dangerous: That which is without Danger, happens at the uſual monthly Period, perhaps for two or three Months after Conception; nay ſometimes, though very ſeldom, during the whole Time; being attended with no bad Symptom, either of Pain or forcing downwards, and is generally in a leſs than uſual Quantity; whereas the illegitimate and dangerous Flux, is out of the uſual Time, and the Conſequence of ſome external Hurt, ſome extraordinary Paſſion of the Mind, as Fright, Anger, exceſſive Joy, Grief, *&c.* taking Medicines improperly, or perhaps with that Deſign, ſome acute Diſeaſe, or perhaps a natural bad Habit of Body; it is frequently attended with Pain, and forcing down; and notwithſtanding all Endeavours to the contrary,

tray, ſtill increaſes to an exceſſive Degree, whereby the Patient is in great Danger of being loſt, if not timely aſſiſted, by the Extraction of all the then Contents of the Womb let it happen at what Time ſoever of Pregnancy.

WHEN the Operator is convinced by the above Remarks, that this immoderate Flooding, is cauſed by the Separation of ſome Part of, or the whole Placenta from the Bottom of the Womb; he muſt place the Patient in the Poſition mentioned, in ſpeaking of Natural Deliveries, and introducing firſt one Finger, he will in all likelihood, find the Orifice of the Womb much relaxed, from the Quantity of Blood paſſing through it; but be that as it will, he muſt inſinuate one Finger into it, and by moving it round, widen the Orifice, ſo as to make Room for another Finger; when theſe two are entered, he will eaſily dilate, by conſtantly moving them from each other, till he gets in a third, and ſo on, till he introduces the whole Hand into the Womb, where he muſt inſtantly break the Membranes, and take hold of the Child by the Feet, according to

to the Directions given for the Delivery of Twins, and bring it away with all convenient Speed; then extract the Placenta, and clear the Womb of every Thing that may prevent its Contraction; which being done, the Flux will ceaſe. When the Placenta is intirely ſeparated, it commonly preſents itſelf firſt at the Orifice; if ſo, it muſt be firſt brought away, and ſo on as above.

THOUGH a Woman be come to her full Time, if the Labour begins with a violent Flooding, one muſt not wait for Pains, but immediately proceed as if it were a Miſcarriage, according to the above Directions.

HERE I hope the Reader will not take amiſs, the Relation of a Caſe which ſhews the Neceſſity of this Practice, even when the Patient is come to her full Time: I was ſent for to the Wife of one TILBURY a Conſtable, living in the Earl of *Meath*'s Liberty, who had been for two Days in Labour, and was then ready to expire by a violent Flooding, which I was convinced of by ſeeing her; by inquiring what had been done for her Relief, I was told by her Friends,

Friends, that finding her very weak, and not likely to be delivered, after two Days Labour, they thought it neceſſary to ſend that Morning (it being now about Noon) for the Aſſiſtance of a Man-Midwife, who, according to their Phraſe, had worked at her near an Hour, upon which enſued the above-mentioned Flooding; at length, the miſerable Patient, after the Operation of his Hands had ceaſed, heard the claſhing of Irons againſt each other, which terrified her prodigiouſly; and aſking him what he was then going to do, he told her, that without having Recourſe to the Help of Inſtruments, her Life was inevitably loſt; which ſhe abſolutely declared ſhe would not ſubmit to, but choſe rather to die, whereupon this worthy Operator in a violent Paſſion went away, and ſwore ſhe would not live five Minutes; wherefore her diſtreſſed Friends, unwilling to believe him, ſent for me; I found this unhappy Woman in the moſt imminent Danger, being ſeized with Faintings, Hiccup, having her Face pale and Hippocratic; upon Examination, I found the Placenta preſented to the Orifice of the Womb, which I immediately extracted, and though the Head

was

was far advanced in the Paſſage, yet I put it back into the Womb, and taking hold of the Feet, brought a living, though very weak Child into the World; the Mother alſo recovered, though with much difficulty; and is now living, and ready to teſtify the Truth of what is here related.

FROM conſidering the Circumſtances of the above Hiſtory, it is evident, in the firſt Place, that there was no extraordinary Obſtacle to the Delivery of this poor Woman; but that this Monſter of a Man thought it neceſſary, I ſuppoſe, for his own Credit, that he ſhould deliver her inſtantly, by main Force; imagining, be the Event what it would, that the ignorant Spectators would judge of his Merit, according to the Exceſs of his Labour, which is too often the Caſe, though here Providence ordered it otherwiſe; it is alſo certain, that by his Ignorance, and the violent Action of his Hands in the Womb, he ſeparated the Placenta, which occaſioned the Flooding; here in all likelihood, he thought he had effectually deſtroyed her, and that there was nothing left to ſave his Reputation, but his pretended Application of Inſtruments,

Inſtruments, whereby he might Appeal to the deluded Spectators, that notwithſtanding the Help of Inſtruments, ſhe was not to be ſaved. Every thinking Perſon will immediately be convinced, that there was no Neceſſity for, nor Poſſibility of the Application of Inſtruments for the Extraction of the Placenta, it being a ſoft pliant Body, eaſily taken hold of by the Hand; the ſame may be ſaid in reſpect of the Child, from the Method whereby it was brought forth.

HERE I cannot avoid expreſſing my Concern, that in ſo great and flouriſhing a City as this of *Dublin*, there is no Method of hindering ſuch Impoſtors, from committing theſe outragious Villainies on the Public, who in this reſpect are ſo liable to be deceived. It is true, the better Sort of People are cautious who they imploy; but the Poorer, who are by much the greater Number, and moſt ſubject to Misfortunes in Child-bearing, are glad to get the Aſſiſtance of any kind of Man in their Extremity, without farther Inquiry. I am the more imboldened, to enter into this Digreſſion, as I am convinced, that the Perſon concerned in the above Hiſtory,

tory, is no more intitled by his Education, to Practice Midwifry, or any other Branch of Surgery, than a Carpenter or Shoemaker; this I am obliged to declare, to free Gentlemen of Merit from Cenſure.

NEXT, the bringing forth a dead Child, comes properly under our Conſideration; all Authors who have wrote of Midwifry, have with great Reaſon, given the ſtricteſt Charge to be perfectly certain of the Child's Death, before you proceed to any Operation that might endanger its Life, ſhould you be miſtaken; wherefore they have mentioned the Signs that indicate ſuch a Misfortune; ſuch as the Mother's having received ſome Hurt, whereby the Child ceaſed to move, for ſome Time before the Labour commenced; when there ouzes from the Womb, a fœtid corrupt Humour; when the Mother at the ſame Time that ſhe feels no Motion, perceives a great Weight at the Bottom of her Belly, which weight falls to whatever Side ſhe lies on; when her Breath ſtinks, which before was ſweet; when her Colour becomes livid, and her Belly feels cold; and at the Time of Labour, by not perceiving

any

any Pulſation in the Fontanel of the Child, or in the Funis; and if the Finger ſmells cadaverous, after being in the Womb. All theſe Appearances, or the Majority of them concurring, are requiſite to prove the Death of the Child; for the Mother's Affirmation of its not ſtirring, even for ſome Days before, is not ſufficient. The Neceſſity of this Caution will appear from the following Circumſtances.

THE Child when dead, commonly comes in a wrong Poſture, for want of the reciprocal Action of the Muſcles, whereby the Spine of the Neck, Back and Loins is kept firm in its Direction; ſo that from the Mother's Throws, the Child's Body is thruſt all of a heap; and then we immediately proceed to the Aſſiſtance of the Mother, without having any Regard to the Child; extracting it by the Help of Inſtruments, if the Hands be not ſufficient; whereby, if we ſhould be miſtaken, it muſt be deſtroyed; wherefore Mr. DEVENTER will not be convinced of its Death, but by the Separation of the Skin from the Scalp.

IF it be known by the Signs above-mentioned, that the Child is dead before the Commencement of Labour; there is a very ſimple and eaſy Method of bringing it forth, without endangering the Mother by inſtrumental Operation; namely, upon the firſt Eruption of the Membranes, to introduce the Hand into the Womb, and extract the Child by the Feet, before the Head be advanced into the Paſſage. By obſerving this Method, if the Child ſhould happen to be alive, notwithſtanding all Appearances to the contrary, it would receive no Damage. It is a known Practice, upon extraordinary Fluxes of Blood, in Time of Labour, to get hold of the Feet, and bring away all the Contents of the Womb, without waiting for Pains, and yet the Child lives and does well. From the good Succeſs of this Practice when there is a Neceſſity for it, it is much to be doubted, if it would not be laudable in the Beginning of all Labours, how natural ſoever; certainly it would ſave many Pains to the labouring Woman; however, this is an Innovation that I ſhall not pretend to enter into the Merits of.

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FROM what has been ſaid, I will venture to affirm, that if the Operator be preſent at the Beginning of Labour, where there is a Suſpicion of the Child's Death, he may without Heſitation, when the Membranes are broke, introduce his Hand into the Womb, with the uſual Delicacy and Precaution, and ſliping it along the Child's Belly, take hold of the Feet, and draw it forward as has been before directed.

BY this Method, we avoid the Danger of hazarding either the Mother or Child's Life, (if it ſhould happen to be alive) by the Uſe of Inſtruments, or violent preſſing of the Head, with the Operator's Hands, on the Preſumption of its being dead; for there is hardly any poſſibility of uſing Inſtruments, without deſtroying the Child and endangering the Mother; however, there are ſome Caſes as ſhall be ſhewn hereafter, where they muſt be applyed, even when the Child is alive.

HITHERTO we have talked of the dead Child, while it is in our Power to bring it forth, with Safety to the Mother and it,

ſhould we be miſtaken as to its Death; that is when we have the good Fortune of being preſent at the Commencement of the Labour. But when the Child is advanced beyond the Orifice, into the Paſſage, by the Ignorance of ſome Female Enterprizer in Midwifry; then it is almoſt impoſſible to put it back in order to find the Feet; wherefore, if it ſhould happen, either from the Mother's Weakneſs, Narrowneſs of the Paſſage, or extraordinary Size of the Child, that it cannot come forward; then it muſt be extracted, as ſhall be directed at the latter end of this Treatiſe, when we come to ſpeak of Inſtrumental Operations.

HERE it will not be improper to take Notice of the Difference between a living and dead Child, in reſpect of the bringing of each forth: Firſt then, with regard to the Mother; the Muſcles of the lower Belly, and all the Parts aſſiſting in the Expulſion of the Child, are much impared in their natural Diſpoſition, by the Stoppage of the Circulation between the two, whereby their component Veſſels become as it were choaked; and the Coldneſs and Weight of this dead Maſs, ſtill

ſtill help to weaken and enervate the circumjacent Parts; the Patient grows weak, by carrying this extraneous corrupting Body; the Parts compoſing the Paſſage loſe that lubricating Mucus, ſo neceſſary to relax, and facilitate the Child's Exit. Secondly, with regard to the Child, the Membranes by corrupting, break, and let go the Water, whereby it is left dry in the Womb; it commonly comes in a wrong Poſture, from Reaſons already given: Laſtly, the Fluids contained in this Body begin to ferment in ſome ſhort Time after Death, whereby they are rarified, which increaſing in Proportion to the Degree of Corruption, magnifies its Size ſenſibly, and hinders its Expulſion. Thirdly, with regard to the State of the Placenta in this Caſe, I ſhall beg Leave to refer to the firſt Part of this Treatiſe, in the Directions for the Delivery of Twins.

THESE Miſeries, which the Patient is obnoxious to, in bringing forth a dead Child, are I hope ſufficient to defend this Practice of extracting it by the Feet; I have frequently put it in Execution, and always with the moſt pleaſing Succeſs; and make no Doubt

of the Approbation of every Practitioner who ſhall make the ſame Experiment.

HERE I muſt beg the Reader's Leave to mention one Thing, which I own I never yet attempted to put in Practice; however, as it carries a very promiſing Appearance of Succeſs, it ſhall be ſubmitted to his Cenſure: Suppoſe a Woman in Labour, who by the Experience of a former Delivery, was found by the Operator, to have the Paſſage through the Bones of the Pelvis ſo narrow, as to refuſe an Exit to the Child (though not of an extraordinary Size) by means of the common Efforts of Nature; and that on this Account it died, or was deſtroyed by Inſtruments, for the Preſervation of the Mother's Life; in this Caſe there is a ſtrong Probability of ſaving the Child by introducing the Hand when the Membranes break, and bringing it forth by the Feet, with a ſtrict Obſervance of all the Precautions already taken Notice of for that Purpoſe.

THERE are ſome Objections to this Practice, which ſhall be conſidered with an Endeavour to remove them: Firſt then, it may be

be objected, that Nature is interrupted in, and deprived of its uſual deſtined Courſe. This indeed is true; but it is only in a Caſe where Nature is defective, and likely to require the Aſſiſtance of Art, in a much more dangerous, and perhaps fatal Manner, at leaſt to the Child. Again it may be objected, that the ſame Narrowneſs of the Paſſage through the Pelvis, which hindered the natural Expulſion, with the Head foremoſt, may hinder its Extraction, when brought forth by the Feet; this is alſo allowed; but yet, if we conſider the Matter properly, it will appear, that by drawing from a ſmall End, which is the Feet, in order to bring forth the larger, with the additional Aſſiſtance of holding the Legs in one Hand, and having the Finger of the other in the Child's Mouth; there is a far greater Probability of bringing it forth; than when the large End comes firſt, and that without any Probability of aſſiſting the Mother's Efforts, but by the Deſtruction of the Child.

THERE are many Diſorders of the Womb and its Ligaments, which make the Labour difficult and preternatural, though the Child

be in a proper Direction; ſuch as Ulceration, Scirrhus, Cancer, *&c.* The Diſorder peculiar to the Ligaments, is extraordinary Relaxation. The Diſorders of the Womb or Vagina, particularly Scirrhus or Cancer, hinder their Dilatation, and conſequently make the Labour difficult; wherein, if it cannot be aſſiſted according to the Directions already given, in ſpeaking of the Method of dilating the Os Tincæ, in natural Labours; there muſt be an Inciſion made in the contracted Part, as ſhall be laid down when we ſpeak of Operations with Inſtruments,

THE Relaxation of the Ligaments, particularly the Rotunda, produces a Prolapſus Vaginæ, and ſometimes of the Uterus, if the Labour be not prudently and ſkilfully conducted; but if Matters be properly managed, the Labour under theſe Circumſtances, is commonly the moſt expeditious and free from Danger, as there is in this Caſe, a general Tendency to Relaxation. In order to make this Labour thus ſucceſsful, it is neceſſary to conſider, that the Ligamenta Rotunda are the principal counter Force, to the Preſſure of the Child's Head againſt the

the Orifice of the Womb, whereby its Dilatation, is accompliſhed; hence it appears, when theſe Ligaments loſe their Strength and Spring, from any extraordinary Degree of Relaxation, from what Cauſe ſoever, that they are capable of being extended beyond their natural Length, whereby the Orifice of the Womb, inſtead of being Dilated, is thruſt forward, towards the external Orifice of the Vagina by the Child's Head, and conſequently the Vagina thruſt out before it, which is the Prolapſus.

WOMEN who have this Diſpoſition, are moſt commonly troubled, during the Time of Geſtation, with what they call a Bearing down, which is a Senſation, as if the Womb were conſtantly coming out of their Body; this is a ſufficient Warning to the Operator, to be timely on his Guard, to prevent the above-mentioned Miſchief; which is done, at the ſame Time that he aſſiſts the Dilatation of the Os Tincæ, according to the Directions already given; by bearing up the Womb with his Fingers, in Proportion as the Child forces down; and when there is a Dilatation ſufficient to admit of the Aſſiſtance

tance of both Hands, introduce two Fingers of each Hand, at the Sides of the Child's Head, by which you will make the better Reſiſtance; this muſt be continued till the Orifice has paſſed over the Head, and then the Danger is quite over, though otherwiſe related by Mr. MAURICEAU, and moſt other Authors; wherefore this Matter ſhall be farther explained preſently; it muſt be obſerved, that during the whole Time of this Labour, the Patient muſt not be permitted to walk about the Chamber, as is uſual in natural Caſes.

Mr. MAURICEAU gives poſitive Directions, that in the above Caſe, the Child ſhould not be taken hold of, nor drawn forth by the Head as is uſual in natural Deliveries, leſt the Womb ſhould come out with it; he alſo ſays, that if the Infant ſhould ſtop, after the coming forth of the Head, ſo as to endanger its Suffocation; then the Midwife muſt call a ſecond Perſon to her Aſſiſtance, to draw it gently forth, while ſhe keeps back the Womb with both her Hands.

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THE Uſeleſsneſs of this Precaution, and the bad Conſequences that may be the reſult of it, will eaſily appear, to every intelligent Perſon who conſiders the Matter properly, from the following Arguments: Firſt then, every one converſant in Deliveries, who knows the Structure of the Vagina, will allow that it decreaſes in Length, in Proportion as the Orifice of the Womb dilates; ſo that when the Head has paſſed the Orifice, the Length of the Vagina is intirely loſt in the Orifice; and after this, its Connection to the adjacent Viſcera, will hinder its coming forward, by drawing forth the Child by the Head; the Body of the Womb, with Submiſſion to our Author, is not to be conſidered in this Operation, as it is quite behind the Efforts of the Child, and perfectly diſengaged from any Circumſtance, that might be the Cauſe of its coming forward, by this Manner of aſſiſting the Delivery.

SECONDLY; it is neceſſary, in order to vindicate my Diſſent from ſo worthy an Author, to ſhew the bad Conſequences that may be the Reſult of his Practice; for which Purpoſe, we muſt conſider, that the Expul-

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ſion of the Infant, is performed by the Contraction of the Diaphragm and abdominal Muſcles on the Womb, and a contractile Diſpoſition, peculiar to the Womb itſelf; from the Nature of Things, it is evident, that this united contractile Force decreaſes, in Proportion as the Object recedes from its Influence; or in other Words, as the Child advances into the World; ſo that when the Head is brought forth, the Force is much diminiſhed, that ſhould puſh forward the Shoulders, with this aggravating Circumſtance, that the Orifice of the Womb, from its natural Propenſity, will in a very ſhort Time, cloſe about the Infant's Neck, and make the Delivery both difficult and dangerous; which may be ſo eaſily prevented, by taking the Head in both Hands, to aſſiſt the declining Efforts of Nature, as has been formerly directed.

IT may be ſaid by way of Objection, that in Brutes there is no Neceſſity for this Aſſiſtance; to which may be anſwered, that their Shape is depreſſed on each Side, where the Shoulders are fixed to the Body, ſo that they ſcarcely increaſe the Breadth of the Animal in any Degree; whereas our Shoulders,

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on the contrary, are fixed on the moſt prominent Part of the Body, and give it a conſiderable Breadth.

FROM what has been ſaid, I hope it appears, that though the Vagina for want of proper Management, may be protruded, before the Os Tincæ be ſufficiently dilated; yet that there is no Danger, or even Poſſibility, of the Womb being extracted, by giving this neceſſary Aſſiſtance to the Delivery of the Child. However this Danger may come if not carefully avoided; for in bringing forth the Placenta, in this relaxed State of the Womb and its Ligaments, it may be abſolutely turned inſide out, if the Extraction be performed in the ordinary Method; wherefore the Funis muſt by no Means be pulled, nor the Patient ſuffered to force downwards, until the Operator's Hand be firſt introduced into the Womb, and there, by the alternate Motion of the Fingers between it and the Placenta, make an intire Separation, and then bring it forth.

HERE it may not be improper, to ſay ſomething of the Bearing-down, Prolapſus Vaginæ

Vaginæ and Uteri, as conſequential to difficult Labours, and thoſe unſkilfully conducted.

IF it ſhould happen, that the Womb be intirely prolapſed, by the above-mentioned imprudent Management, it muſt be immediately reduced, and placed in its natural Situation, by the Introduction of the Hand; the Patient muſt be kept as long as poſſible lying in Bed, not riſing even to perform the natural Excretions. If the Patients Habit of Body did not contribute to this Miſchance, the Parts, by being properly replaced, and continued for ſome Time unmoleſted, will recover their uſual Tone, without any farther Application; but if the relaxed State of theſe Parts, proceeds from a bad Conſtitution, it muſt be remedied by a ſkilful Phyſician; at the ſame Time uſing Peſſaries, ſuch as are deſcribed in all Books of Midwifry. The Application of ſtrengthening and aſtringent Plaiſters, to the Perforations of the oblique Muſcles of the lower Belly where the round Ligaments paſs, to be inſerted into the Os Pubis, is likewiſe of great Uſe in this Caſe.

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THE Womb thus prolapſed, if not immediately reduced, will ſwell, inflame, and be in great Danger of mortifying; and the longer it remains out of the Body, the more difficult will be its Reduction, in Proportion to the Increaſe of Swelling, which is cauſed by the Reſtriction of the external Orifice of the Vagina; wherefore if the Reduction happens on this Account to be difficult, the Part muſt be fomented with the moſt emolient mucilaginous Decoctions that can be contrived, and all poſſible Means muſt be uſed by the Hands, to reſtore it to its natural Situation, which if it cannot be accompliſhed, the miſerable Patient muſt in all Probability die; though there are Hiſtories of ſome, who have ſurvived the Amputation of the prolapſed Womb; which was performed by tying a Ligature round its Neck near the Pudendum, which is to continue till the Part drops off.

HITHERTO we have treated of thoſe Labours which are difficult and againſt Nature, though the Child be in a natural Direction; but as the greateſt Danger ariſes from the indirect or preternatural Situation of the Child

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in the Womb; we ſhall endeavour to point out their Differences, and the Method of removing each particular Calamity; but firſt, it will not be improper to conſider how far the Womb is capable of receding from its natural Situation, whereby the Labour may become difficult and dangerous.

Mr. DEVENTER a *Dutch* Phyſician, is the firſt Author that took Notice of the Obliquity of the Womb, which he takes infinite Pains to prove; whereby he has made an otherwiſe ſmall Treatiſe of Midwifry, ſwell into a large Volume; he abſolutely declares, that the Bottom of the Womb is capable of falling backwards, forwards, and to either Side; whereby the Orifice is conveyed to the opoſite Side; namely, if the Bottom of the Womb falls forward toward the Navel, the Orifice and conſequently the Head of the Child, goes towards the Os Sacrum, and ſo on as to the other Directions; ſo that the Infant may be in a natural Direction in the Womb, and at the ſame Time, in a contrary one with regard to the Pelvis.

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THIS Doctrine may at firſt Sight have an Appearance of Probability; but upon mature Conſideration, it will certainly appear very improbable, not to ſay quite repugnant to Reaſon and occular Demonſtration; as we ſhall now endeavour to prove.

FIRST then, it muſt be remarked, that the Womb lies between the Bladder of Urine and the Rectum, and is continued to them by a common Membrane from the Peritonæum; which with the four Ligaments, is fully ſufficient to keep it in a proper Direction, 'till by the Increaſe of the Fœtus, Water and Placenta, the Bottom extends beyond their Influence; which is, ſuppoſe, about the fourth Month; and at this Time, the Womb and its Contents with all the other Viſcera fill the whole Cavity of the lower Belly, in ſuch a Manner, that it is impoſſible its Bottom ſhould fall an Inch either to one Side or the other; this is eaſily proved, by examining the Belly of a Woman after four Months Pregnancy, or thereabouts, which is perfectly hard and tenſe, whether the Stomach be full or empty; and after this Time, the Muſcles and Integuments of the lower

Belly are extended, by the Womb growing too large for its Capacity, ſo that in the latter End of Geſtation there are many Fibres of the Integuments of the Belly torn aſunder, leaving large Cicatrices, which are never after to be obliterated. Moreover, at the natural Time of the Birth it is evident, from opening the Bodies of thoſe who die in Labour, that there is not the leaſt empty Space in the Belly, the Womb thruſting the Diaphragm a great Way into the Thorax, extending itſelf under the Concave Side of the Liver, and in ſhort, leaving not the leaſt Room whereby it might incline either to the one Side or to the other. But admit there were a Poſſibility of the Bottom of the Womb's moving even three Inches any Way: Its Effect on the Orifice muſt be very inconſiderable, as the Bottom is at this Time, at leaſt twelve Inches from the Orifice; ſo that if we ſuppoſe a Line twelve Inches long, having one End, which repreſents the Orifice, fixed to a Center, and the other End repreſenting the Bottom, to deſcribe three Inches of a Circle, at its full Extent from the Center; how inſignificant muſt be the Alteration, at half an Inch diſtance from this Center,

where

where we may ſuppoſe the Child's Head to be.

As Mr. DEVENTER has taken great Pains to prove that the greateſt Difficulties in Delivery, proceed from the Obliquity of the Womb; and as the Notion (being a Novelty) was received with great Applauſe by many Perſons of Note, as they declared by Letters which are publiſhed in the Beginning of this Book; an unexperienced Reader, may very probably, from the above Authorities, take the whole Matter for granted, without farther Inquiry, to the great Diſadvantage and Danger of the Patients, who might afterwards come under his Care. Wherefore, I thought it my Duty to ſhew the Abſurdity of his Hypotheſis; for according to our Author's Way of reaſoning, the Womb muſt be a diſingaged, fluctuating Body, free from any kind of Reſtriction; whereas upon Inquiry, it will appear quite otherwiſe; nor is it to be imagined, that Nature would leave an organical Body of ſuch Importance, ſubject to ſuch frequent Diſaſters.

HAVING endeavoured to remove the miſtaken Fancy of the Obliquity of the Womb, we may the more properly proceed to deſcribe the various unfortunate Situations of the Infant therein contained; and they may be reckoned threefold: That is to ſay, when the whole Body of the Child lies tranſverſe, either with the Belly, Back or Side preſenting to the Orifice, with or without many other aggravating Circumſtances, as ſhall be mentioned in their turn. Secondly, when the Body coming in a natural Direction, the Labour becomes difficult, by the Head's being turned to any Poſition, differing from that which has already been proved to be the natural one; and that, with the Addition of the Funis coming with the Head; one or both Hands coming with it, *&c.* Thirdly, when the Feet come foremoſt, when one Foot comes alone, when one or both Knees preſent, *&c.*

THE Head may come with the Face towards the Orifice, having the Back of the Head lying between the Shoulders; it may alſo come with the Side, or Os Temporis preſenting, having the oppoſite Side lying on the

the Shoulder; or it may come with the Back of the Head foremoſt, the Chin being on the Sternum. The Funis is liable to come down with the Head in any of theſe Poſtures, as is alſo one or both Hands.

IMMEDIATELY upon the Eruption of the Membranes, the Operator is to examine by the Touch, whether the Child comes right, as this is the Time when his Aſſiſtance can be the moſt effectually exerciſed; therefore if he finds the Head preſent in any of the above Directions, and that there is a ſufficient Dilatation of the Orifice, with a large Pelvis, and other concurring fortunate Circumſtances; he may introduce his Finger between the Head and Os Pubis, at the ſame Time preſſing down the Head, and drawing his Hand a little forward, ſo as to bring the Face parallel to the Sternum; not forgetting to incline the Chin towards one Shoulder, leſt the Face ſhould preſent at the Birth, where it could not be ſo eaſily ſet right; the ſame is to be obſerved in every other Direction of the Head, obſerving the particular Circumſtances peculiar to each; namely, by putting

the Finger under the Part diſplaced, and ſo reducing it.

THIS Practice will always be ſucceſsful, where there is ſuch a Diſpoſition of Parts in the Mother, as has already been mentioned; but on the contrary, when the Pelvis is ſmall, the Orifice difficultly dilated, and the lubricating Mucus but in ſmall Quantity; there the Operator muſt turn his Attention another Way: He muſt introduce his Hand into the Matrix, along the Child's Breaſt, to bring it forth by the Feet, and eſpecially if one or both Hands, or the Funis comes with the Child's Head; for there is hardly any poſſibility of returning any of them to their proper Place; the Funis will fall down as often as you thruſt it up; and there is no Room to bend the Arm for its Reduction. As there is no Danger of hurting either Mother or Infant, by bringing it away by the Feet, (provided the Operation be judiciouſly performed) it is better to do it immediately, than depend on a ſmall Probability of Succeſs by replacing the Head; for this will fatigue and frighten the Patient, as much as bringing forth

forth the Child by the Feet; and after all, ſhe has the whole Labour to go through, when her Spirits, that ſhould ſupport her Efforts, are almoſt exhauſted.

IF it ſhould ſo happen, that through Imprudence or want of Experience, the Child ſhould be ſuffered to advance its Head beyond the Orifice, into the Paſſage, in any of theſe unhappy Directions, or having the Funis or Arms ingaged with it; then indeed the Difficulty and Danger are much increaſed; for here it is almoſt impoſſible to put the Child back, ſo as to get hold of the Feet, and perhaps as difficult to bring it forward; if both Hands come with the Head, it can ſcarcely come ſo forward as to hinder its being put back in order to find the Feet; but when one only comes, the Head may advance with it, ſo as to put it out of the Power of Man to move it one Way or the other without the Help of Inſtruments; however, it ſometimes happens, that the Child is born alive, though the Hand comes forth with the Head; by giving all the Aſſiſtance in a moſt induſtrious Manner, as we mentioned in the firſt Part, ſpeaking of natu-

ral Deliveries; but if theſe Endeavours do not ſucceed, and that the Patient grows languid and weak, we muſt proceed to inſtrumental Operation, as ſhall be particularly remarked hereafter.

IF the Funis comes with the Head, the Danger is two-fold, from obſtructing the Courſe of the Blood through it; firſt, the Child is in Danger of periſhing, for want of its uſual Supply of Blood: And ſecondly, there may enſue a Flooding, by the Blood's wanting a Paſſage from the Placenta, which may cauſe its Separation before the proper Time; wherefore it muſt be put back beyond the Head if poſſible; if not, it muſt be brought to the Side of the Head, near the Temples, and by the Flatneſs of that Part, it may in ſome meaſure avoid the Compreſſion.

THE Labour may be extremely difficult and dangerous, when the Head is advanced, in any of the above-mentioned Directions, though neither Hand nor Funis comes with it; for if the Face preſents, the Top of the Head being intercepted by the Os Pubis, the

Sternum

Sternum is puſhed forward by the Mother's Throws, and the Head drove back between the Scapulæ, ſo that at the ſame Time that the poor Patient's Pain and Efforts are in vain, the Infant is in conſtant Danger of being ſuffocated; the Cauſe of this unhappy Accident has been explained, when we ſpoke of the Poſition of the Head in natural Labours. Upon this Occaſion, as well as all others, the Patient muſt be incouraged, with the Promiſe of a ſpeedy Delivery, while the Operator muſt uſe his utmoſt Endeavours to replace the Head; which, though he may not accompliſh, yet every Attempt will facilitate the Expulſion; and if all proves ineffectual, he muſt have Recourſe to Inſtruments as above.

I was called to the Aſſiſtance of a Woman in Labour, forty Hours after the Eruption of the Waters; the Woman who had been all this Time endeavouring to deliver her, told me ſhe was very certain, that there was ſomething very extraordinary in the Form of the Patient's Pelvis, for notwithſtanding that ſhe had the Advantage (as ſhe accounted it) of pulling by one of the Child's Hands, which

came

came along with the Head, yet ſhe could not bring it forth; upon examining, I found by the Hand, the Child was living; but the Head ſo far advanced, that it could not be put back in order to come at the Feet; however, after an Hour's exceſſive hard Toil, I brought forth a living Child, with a Depreſſion of the parietal and temporal Bones, proportional to the Thickneſs of the Arm depreſſing them; however, by the next Morning, the Bones recovered themſelves, and the Child was perfectly well. This was a very extraordinary Caſe, and by no means a Precedent for attempting the like Practice, where it can be avoided.

SOMETIMES the Child preſents one or both Hands, without any other Part coming with them; and ſometimes both Hands and Feet together.

WHEN the Hands come by themſelves, it is cauſed by the Child having them near the Head when the Membranes break; which getting into the Orifice, conſequently puſh the Head to one Side; ſo that eſcaping the Orifice, the Hand or Hands advance forward by the Mo-

ther's

ther's Throws, and the Head in Proportion is ſtill more put out of the Way, till the whole Arm or both, are forced into the World. This is one of the moſt difficult Caſes in Midwifry for the Operator; for in the firſt Place, the Head being out of its natural Direction, cannot preſs on the Orifice ſo as to dilate it, and the ſmall Dilatation that is made, is taken up by the Hand, which cannot be put back if far advanced, ſo as to give Admiſſion to the Operator's Hand, for to bring forth the Child by the Feet, which is the only Method in this Exigency; and again, the Feet are at a greater Diſtance from the Orifice in this Situation than in any other; the Water alſo is in a ſhort Time evacuated, when the Head is not in, or cloſe upon the Orifice to hinder its Exit.

IF the Hand be not far advanced it muſt be inſtantly put back into the Womb; and if there be occaſion, the Orifice muſt be dilated with the Fingers, according to the uſual Directions, and the Hand introduced along the Child's Belly, to find out the Feet whereby to bring forth the Infant; obſerving all the

the Precautions already laid down for that Purpoſe.

IF the Hand be ſo far advanced that it cannot be put back, the Operator muſt dilate the Orifice, ſo as to thruſt up his Hand by the Side of that of the Infant; taking hold of the Feet as above; and in Proportion as the Feet advance forward, the Hand will retire into the Womb. The moſt convenient Poſture for the Patient to be in, during this and all other Operations where the Child is to be turned in the Womb, is on her Knees, in a Bed at a convenient Diſtance from the Operator, leaning her Head on a Woman's Lap, who muſt ſit on a low Stool in the Bed for that Purpoſe; this is mentioned more at large in the firſt Part of this Treatiſe.

WHEN Hands and Feet come together, there is much leſs Difficulty in performing the Operation, than in the preceding; for the Feet are not to be ſought for; the greateſt Nicety in this Caſe, is to diſtinguiſh between Hands and Feet, when they are thus confuſed; and though it may ſeem odd to imagine it, yet one may very poſſibly be miſtaken,

taken, if not very exact in his Inquiry; therefore the moſt ſure Marks to diſtinguiſh them by, is the Diſtance of the Thumb from the Index of the Hand; and the Prominence of the Heel in the Foot. When this Diſtinction is confirmed, the Operator muſt put back the Child's Hands into the Womb, not taking any great Pains to thruſt them very far, for as the Feet are drawn forward, they will retire.

IT is to be conſidered, that the Child in this Poſture, has the Spine of the Neck, Back and Loins much bent; and that in coming forth by the Feet, the whole Body muſt move in a circular Progreſſion, before it is intirely brought forth; wherefore the Operator muſt draw the Feet forward very gently, conſidering as it is coming forth, what is to be done when it comes to ſuch and ſuch a Part; never forgetting to put his Fore-finger into the Mouth, immediately when the Hands are brought forth, leſt the Orifice ſhould cloſe about its Neck.

HAVING conſidered the moſt material Circumſtances relating to the preternatural Labours,

Labours, where the wrong Situation of the Head is chiefly the Cauſe; we ſhall now proceed to treat of thoſe Labours where the Body is tranſverſe in the Womb; preſenting various Parts of the Trunk to the Orifice.

THE Child may lie acroſs the Womb, preſenting any Part of the Spine, from the Scapulæ to the Sacrum; and the nigher to the Shoulders, the more difficult the Operation, as the Feet are ſo much the more diſtant from you, when they, *i. e.* the Shoulders preſent, it is eaſily perceived that it is not the Head, from the Flatneſs of Form, and Inequality of the Bones; that immediately muſt put the Operator upon examining more narrowly, and by comparing Circumſtances, to determine what Part it is; which is diſcovered by its particular Form, and the Species of its component Bones; whereupon the Hand muſt be introduced, ſliding it along the Infant's Back, till you can bend the Fingers under the Os Coccygis; by which Means you thruſt up the Body towards the Head, in order to bring the Feet the more into your reach; which when you get hold of, draw them out very gently; for the

Back

Back and Hips are more capable of being Hurt in this Direction, than if the Belly preſented; as it is contrary to the bending of their Joints.

IF the Middle of the Back preſents, the Child is in great Danger of being ſuffocated, if not ſpeedily brought forth; for the Mother's Forcing doubles its Belly, Breaſt and Chin together in ſuch a Manner, that it cannot poſſibly endure it long. The Delivery is performed as the laſt is, but with more Eaſe, as the Feet are more readily come at.

WHEN the Os Sacrum preſents, the Child commonly comes Buttocks foremoſt; it may ſometimes be brought forth in this Poſture, when it happens to be ſmall and the Paſſage large; but if this ſhould not be the Caſe, the Labour may prove moſt dangerouſly difficult, if it be ſuffered to advance too forward in this Poſture; wherefore as ſoon as you perceive, by the Softneſs and Fleſhineſs of the Parts, that the Buttocks preſent, the Body muſt be immediately thruſt up, as far as poſſible into the Womb, without committing Violence; and then ſearch for

the

the Feet; ſometimes they are near the Orifice, when the Knees are bent, ſo that the Thighs only, lye cloſe to the Belly, and the Calves of the Legs cloſe to the Thighs; when the Feet are near the Orifice, they muſt be taken hold of by the right Hand; and at the ſame Time that they are drawn forward, the Buttocks muſt be proportionably thruſt into the Womb, by the Fingers of the left Hand; for want of this Precaution, the Thigh-bone of many an Infant is broke; the Cauſe of this will appear, if we conſider that the Thigh, which lies in a longitudinal Direction from the Orifice to the Bottom of the Womb, muſt be brought into a Direction quite oppoſite, before the Knee can be extended, which muſt happen before the Child can be brought forth; wherefore when it comes to this Point, it will be much facilitated, by thruſting up the Body with one Hand while the Feet are pulled down by the other. It may alſo happen, that both Legs and Thighs are extended along the Child's Body ſo as to have a Foot over each Shoulder, which much increaſes the Difficulty; in this Caſe each Leg muſt be taken ſeparately, and the Knee bent, ſo as to bring them into

into the Poſture juſt now mentioned; in order to bring forth the Child after the ſame Manner.

IT muſt be again repeated, that the Child muſt not be ſuffered to come to the World, in the above-mentioned Poſture, for though this Labour may happen to be very ſucceſsful and expeditious, when the Paſſage is large and the Child ſmall; yet this is but accidental, for though we may diſcover the Paſſage to be large, yet we cannot judge of the Child's Size; therefore we ſhould not put Matters to the Hazard. However if the Labour ſhould be ſo far advanced, that the Child cannot be put back, we muſt endeavour to forward its Expulſion as much as poſſible, by dilating the circumjacent Parts of the Mother; and when Opportunity ſerves, a Finger muſt be introduced at each Side between the Child's Belly and Thighs, at the Groins, whereby it may be drawn forward, if of a moderate Size; if on the contrary, it cannot be extracted in this Manner, there muſt be two Inſtruments applyed in the Place of Fingers, as ſhall be hereafter directed.

Now we are to conſider the Tranſverſe Situations of the Infant in the Womb, when the Breaſt or Belly preſents to the Orifice; theſe are more dangerous and difficult, both to Mother and Child, than thoſe where the Back preſented; and as the Shoulders were the moſt difficult of the other Directions, ſo is the Breaſt in this. The Difference in reſpect of the Child, is very conſiderable; for when the Back preſents, the Body is bent in a Direction which the Vertebræ are capable of; namely, with the Face towards the Knees; but when the Breaſt or Belly is next the Orifice, the Vertebræ are bent backward, ſo that the Heels and Back of the Head meet at the Bottom of the Womb, which by the Mother's forcing, is very capable of ſtraining or diſlocating ſome of the Vertebræ.

THERE is one Thing very remarkable in this Kind of Labour, and as it is a Matter of the greateſt Conſequence, I am much ſurprized that it has never been mentioned in any Book of Midwifry, that I have ſeen; and that is, that the Orifice ſeldom or never dilates, notwithſtanding the greateſt Exceſs of Labour-Pains; the Reaſon of it is plain: In

any

any other Situation of the Body, the Part next the Orifice will preſs on it more or leſs, to ſupply in ſome meaſure, the Place of the Head for its Dilatation; but when the Breaſt preſents, it cannot even touch the Orifice by the Mother's Throws; for the Vertebræ of the Thorax cannot bend back, ſo as to give the Sternum that Degree of Convexity neceſſary for this Purpoſe, by Reaſon of the Length of their Spinal Proceſſes; wherefore it frequently happens, that the Patient is four and twenty Hours in ſtrong Labour, without the leaſt Dilatation of the Os Tincæ; for which Reaſon, I hope it will not be improper to ſay ſomething particular on that Head.

THE firſt Labour-Pains, from Reaſon and the Nature of Things, muſt certainly be to turn the Child in the Womb, for the Birth; but be that as it will, the Head does not preſs on the Orifice till the Pains begin to grow violent; then it is that we ſhould begin to inquire into the State of the Orifice, and the Effect that each Pain has on it; if the Head comes right, we ſoon perceive its Influence by Touching, in the Manner already

ſet forth; but if the Poſture be wrong, eſpecially Tranſverſe, we ſhall perceive very little Effect from the Mother's Pains, and none at all if the Sternum preſents; therefore after the Patient has had many ſtrong Pains, and no Effect produced on the Orifice, the Operator muſt Introduce one Finger into the Vagina, and therewith at every Pain, ſolicit a Paſſage for another through the Orifice, which muſt alſo aſſiſt in widening, till there be Room enough to make a ſtrict Inquiry concerning the Part that offers; if it be the Sternum, it is known by the Particularities of the Bones compoſing it, as Ribs, Cartilago, Enſiformis, *&c.* Then the Orifice muſt be ſtill dilated, ſo as to give Admiſſion to the Hand into the Womb, to find out the Feet, whereby to bring forth the Infant.

IT is more difficult to extract a Child by the Feet when it is in this Situation, than in any other whatſoever; which is the Reaſon why ſome Authors adviſe to bring the Head to its proper Poſition, and leave the reſt to Nature; but if the Reader conſiders, how much the miſerable Patient muſt have

have ſuffered, and how much her Strength muſt be exhauſted, when Matters come to this ſad Period, I am ſure he will not deſire to have her left any longer in Torture; but have the Child brought forth with all convenient Speed; which muſt be by the Feet, notwithſtanding the Difficulty.

To the End that this Operation may be performed with Succeſs; that is, ſo ſpeedily that the Mother may not be too much fatigued, ſo as to endanger her Life; and at the ſame Time, that the Child may be brought forth, without diſlocating, or fracturing any of its Limbs; I ſay, to this End, it muſt be conſidered; that in this Poſture, every Joint of the Body and lower Extremities, are bent in a Direction quite contrary to their natural Diſpoſition; having the Heels and Back of the Head cloſe to each other; and that at the Bottom of the Womb; this View muſt lead us to endeavour to bring the Feet nigher to the Orifice; which cannot be done otherwiſe than by moving the whole Body in that circular Direction already deſcribed, which muſt be done in the following Manner:

HAVING given the Patient a Draught of ſome Cordial Liquor, ſuch as Sack-whey, Cinnamon-water, or the like, and being placed on her Knees as before directed, the right Hand muſt be introduced into the Womb, being well greaſed either with Oil or freſh Butter; and ſliding it along the Child's Belly, fix two Fingers under the Os Pubis, between the Thighs, and then pull your Hand towards you; which giving as it were a rotatory Motion to the whole Child, will bring the Legs nigher the Orifice. When you have brought it ſo nigh as to be within Reach of the Knees, take hold of the Thighs ſeparately near the Articulation, and bring them cloſe to the Belly; this will bring the Feet ſtill nigher, which take hold of, and draw forth with Care and Caution; when the Feet have come to the Orifice, the Body will follow with leſs Difficulty than when the Back preſents, proceeding in the ſame Manner; always obſerving to bring forth the Body with the Back next the Os Pubis of the Mother.

To confirm by Practice, the Aſſertion of the Orifice not dilating in the laſt mentioned

ed Situation of the Infant in the Womb, I hope the following Hiſtory may be acceptable:

IN *March* 1738, I was ſent for to a Gentlewoman in the eighth Month of her Pregnancy, who being affrighted the Day before, was ſeized with Labour-pains, attended with a Diſcharge of Blood from the Womb; as neither Pains nor Diſcharge were very great, I deſired her to lye quiet on her Bed, reſolving to wait the Event; the Labour conſtantly increaſed (with an Appearance of Blood at every Pain) to ſuch a Degree, that I thought it Time to examine the Condition of the Os Tincæ, which I found perfectly cloſe, and not the leaſt Preſſure on it during the Paroxiſm; as the Diſcharge of Blood was not very conſiderable, I thought it moſt proper to wait for the Aſſiſtance of Nature, ſtill continuing to examine in hopes of a Dilatation; nor was this an eaſy Operation, the Orifice being at a very extraordinary Diſtance from the Pudendum. I waited after this Manner with the greateſt Anxiety, for the Space of eighteen Hours, at which Time the Orifice was not in the leaſt altered; though

the Patient was much weakened, from the long Continuance of her exceſſive Pains. At length I found the Caſe begin to grow deſperate, and that ſomething muſt be immediately done for her Relief; I communicated my Opinion of the Matter to her Friends, and at the ſame Time deſired the Aſſiſtance of ſome of my Brethren, as the Succeſs of whatever was undertaken muſt be very doubtful, the Patient being naturally very weak and of a bad Conſtitution. We both examined her alternately ſeveral Times, and could make no Diſcovery of Particulars therefrom; however the firſt Indication on all Accounts, was that we ſhould contrive Means to give her ſome Reſpite from her Pain, in order to recover in ſome Meaſure, her Strength and Spirits; to which End we gave her twenty Drops of Liquid Laudanum, in a Draught of Cold Cinnamon-water, whereby ſhe ſoon fell aſleep, which gave us Time to conſider what was to be done; my Aſſiſtant, from the exceſſive Conſtriction of the Orifice, and Impoſſibility of perceiving the Form of any kind of Body by the Finger, through the Subſtance of the Womb, was of Opinion that the Orifice and Parts adjacent, were

Scirrhous,

Scirrhous, and conſequently, the only Chance ſhe had for her Life, was by making a Paſſage into the Womb, by an Inciſion thro' the Orifice; this I thought very little inferior to the Cæſarian Operation, and could not agree to it, ſo he went away, promiſing to return in two Hours, and inſiſting that this Operation muſt be then inevitably undertaken. In about an Hour after our poor Patient awaked, and her Pains returned with more Violence than ever; the Dread of the late Sentence, made me endeavour with all my Might to make the beſt Uſe of my Hands to avoid that of Inſtruments; whereupon I attempted to make Way through the Orifice for one Finger, which I did with great Difficulty, and after an Hour's hard Toil, I made way for the whole Hand, which found the Infant lying acroſs the Pelvis, at a great Diſtance from the Orifice, as if the Forehead reſted on one Os Ilium, and the Knees on the other; I brought it forth exactly in every Circumſtance as above directed. I have frequently met with the like Caſes ſince, and always dilated with my Finger, when after a reaſonable Time, I perceived no Preſſure from within, on the Os Tincæ.

WHEN the Belly preſents, the Operation is much leſs difficult, as the Orifice is in a Way of being in ſome meaſure dilated, and the Feet are more in Reach; the greateſt Danger here, is from the Funis coming forth, which if it remains long out of the Body, the Child's Life will be conſequently in Danger, from the Stagnation of the Blood circulating through it; which will impede the whole Circulation through the Infant's Body, whereby it will ſoon become as if it were ſuffocated. Wherefore when it does come out, as it is often happens, even before any perceivable Dilatation of the Orifice, it muſt be put back; hindering its Return (from the Mothers Throws) by ſtopping the Mouth of the Womb, with as many Fingers as the Occaſion may require; and then proceed to the Operation, directly after the ſame Manner as when the Breaſt preſented.

THE next Species of preternatural Labours, is when the Child comes with the Feet foremoſt; and though we have given Directions ſo often, to bring it into this Poſture, in order to facilitate its Exit; yet when the Labour begins in this Poſition, it is neceſſary

to

to premiſe ſome particulars for its Advantage.

WHEN the Child comes Footling, as is the uſual Phraſe, the Labour is ſubject to many Misfortunes if not prudently conducted; though by proper Management, it is capable of being as expeditious and fortunate, as if the Direction were natural. The chief Means therefore to make it ſucceſsful, is to take Care that both Feet came together, and that thoſe belong to the ſame Child; in order hereto, we muſt obſerve that in this Caſe the Water does not gather in ſo round and uniform a Bag as when the Head comes; which Appearance makes us the more ſtrict in our Inquiry, whereby we may frequently feel the Feet through the Subſtance of the Womb, before the Membranes are broke; which we muſt be very watchful of, for when the Orifice is ſufficiently dilated to give Paſſage to one Foot, it is moſt commonly thruſt forth, by the Mother's Throws, if not diligently attended by the Operator; to avoid which, he muſt have his Finger at the Orifice, during the whole Time of every Pain; and when he perceives one Foot beginning to approach, he

he muſt introduce his Hand into the Womb, to find out the other; if it be near the Orifice, lying parallel to its Fellow, of equal Length with it, and that the two great Toes are contiguous to each other; he may be ſure without farther Inquiry, that they both belong to the ſame Body; and he may immediately bring it forth, according to the Directions already given, for bringing the Child by the Feet.

WHEN the ſingle Foot is imprudently ſuffered to come forward, the Difficulty is increaſed by every Pain of the Mother; for in Proportion as it puſhes one Foot forward, it puts the other ſo much out of the Way; and what adds to the Misfortune, is, that as the Child advances, the Womb contracts itſelf on it, which impedes the Leg being put back, in order to give a Paſſage to the Operator's Hand through the Orifice, to find out the other Foot. However, if it be not advanced very far, it may be eaſily put back; and the Operator may ſlide his Hand along this Leg and Thigh, till he comes to the Buttocks; and bringing it back again by the adjacent Thigh, he will be ſure

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of committing no Miſtake, which might very poſſibly happen if there ſhould be Twins. If the Leg ſhould be far advanced, it muſt be thruſt back as much as poſſible, to make Way for the Hand, to find out the other, as above.

IT ſometimes happens when one Foot is at the Orifice, that the other lies along the Child's Body; in this Caſe alſo the Difficulty is increaſed, by how much the Foot is ſuffered to come forth; as the other, at beſt is not eaſily brought to its Place; the Method of doing it is as follows: Introduce your Hand into the Womb along the miſplaced Thigh, till you come to the Leg, which bring parallel to the Thigh by bending the Knee; this brings the Foot near the Orifice, which muſt be brought forward as far as the other; after this the Operation is performed as before directed.

WHEN the Child is large, in a more than ordinary erect Poſition, and the Quantity of Water contained in the Membranes but ſmall; the firſt Efforts of the labouring Patient not being ſufficient to turn it in the Womb,

Womb, the Knees ſometimes fix themſelves at the Orifice; in this Caſe the Operator will find the Neceſſity of being well ſkilled in that Part of Midwifry called the Touching, or examining pregnant Women; for when the Orifice firſt begins to dilate, the Knee appears very like the Head, from its uniform Roundneſs and Hardneſs; and really to know the Difference in the Beginning of Labour, is to be acquired rather by Practice than any particular Deſcription; but when it is ſo far advanced, that the Finger can be moved round it; the Size and Want of Sutures, ſoon diſcover the Difference; but the Excellence conſiſts in making this Diſcovery before the Labour is thus far advanced; for in this, as in all other preternatural Labours, the Difficulty increaſes as the Operation is deferred.

WHEN there is a Certainty that the Knees preſent, the more the Orifice is dilated by the Fingers, the leſs will the Child advance into the narrow Part of the Pelvis; and conſequently the more Room there will be for the Operator's Hand, to reduce the Feet to their proper Direction, which muſt be done by

by introducing a Finger upon the Ham of the Child, that is, between the Calf of the Leg and the Thigh; and raiſing the Thigh towards the Mother's Belly, there will be Room made towards the Os Sacrum, for the Extenſion of the Leg, which is to be performed at the ſame Time that the Thigh is raiſed; this being done, the other muſt be treated after the ſame Manner, in order to have the Patient happily delivered.

BEFORE we finiſh our Diſcourſe of Deliveries, where the Child comes with the Feet foremoſt, it will not be amiſs to take ſome Notice of Mr. DEVENTER's Chapter on this Subject.

HE firſt begins by informing us how eaſy and ſucceſful an Operation it is; that it is ſcarcely to be reckoned among the preternatural Deliveries. Certainly if he practiſed according to the Directions he has given (which he declares he did) he muſt have found it quite otherwiſe; or elſe, the Women of *Holland* are formed quite different from thoſe of this Country or of *France*. He in a very contemptuous Manner decries the

the Practice of MAURICEAU, and in ſhort all others, for bringing forth the Arms of the Child before, or ſeparate from the Head; poſſitively affirming, that the Arms and Head may be brought forth together, with as much Eaſe, and infinitely more Safety, than ſeparately; at the ſame Time accuſing the Ancients of Ignorance, for giving ſuch Directions; and the Moderns of Cowardice, for not venturing on a Method, ſo much more expeditious and ſafe.

IT is obvious to every one who has practiſed Midwifry, how much Pain and Labour a poor Woman muſt undergo, to bring forth the Head of a Child by itſelf; (for in that conſiſts the whole Difficulty) how great then muſt the Torture be, if it were poſſible to drag it forth by main Force, with an Arm at each Side; I muſt own I think it the greateſt Act of Inhumanity to attempt it. The Arms are brought forth with the greateſt Eaſe, as has been ſhewn in ſpeaking of the Delivery of Twins.

Mr. DEVENTER's Reaſon for preſcribing this Piece of Cruelty, both to Mother and Child,

Child, was left the Orifice of the Womb ſhould contract about the Infant's Neck, and thereby run the Riſque of having the Head ſeparated from the Body, as has happened to PORTAL and others.

HE does not conſider that the only Place where the Contraction of the Orifice might hinder the Exit of the Head, is under the Chin; and that there are repeated Directions to prevent this Danger, by putting a Finger or two into the Child's Mouth, before the Body comes paſt the Shoulders; which effectually keeps the Head free from any Hazard. As for his Aſſertion concerning PORTAL, I ſhall never believe that the Accident happened by not bringing forth the Head and Arms together; nor that it was by any means from improper Conduct, that the Head was ſevered from the Body; for to my certain Knowledge, it is as impoſſible to bring a Head of a common Size, through the Pelvis of ſome Women, as to atchieve any other Impoſſibility that can be imagined. I brought a Child forth by the Feet, where I was obliged to ſeparate the Body from the Head; and I don't think it Vanity to affirm, that it

was not occaſioned by any bad Practice; the whole Hiſtory of which ſhall be given in its proper Place.

IF the Difficulties which we have hitherto recited, from the unfortunate Situations of the Infant in the Womb, may be allowed to be extraordinary; how much then muſt every Circumſtance be aggravated, when this grievous Accident happens, to two or more Children at once in the ſame Womb; here the Mother, each Child, and the Operator alſo, are particularly embarraſſed; the Water is very ſmall in Quantity; the Operator's Hand has not Room to exert itſelf; the wrong Situation of one, hinders the ſetting right of the other; in ſhort every Misfortune of the one, adds to the Diſtreſs of the other.

IT has been before mentioned, how neceſſary it is for a Surgeon practiſing Midwifry, to be perfectly calm and compoſed, in the Performance of all his Operations; and here eſpecially that Caution is ſtrictly neceſſary; for when he firſt enters his Fingers into the Womb, he will probably find ſuch a Confuſion

Confuſion of Hands and Feet, as may well amaze the moſt ſteady minded Perſon.

IN this Situation of Affairs, the Operator muſt firſt diſtinguiſh perfectly between Hands and Feet, by the Characteriſticks already laid down; and taking hold of the Foot next the Orifice, or rather that which is moſt diſengaged, ſeparate it as much as poſſible from any Interruption; and ſlide his Hand along the Leg and Thigh, till he goes as far as the Child's Body, where he muſt move his Fingers to the oppoſite Thigh, which with the Leg he muſt bring to a parallel Direction with the other; and in what Situation ſoever they be, they muſt be brought to the Orifice, according to the particular Directions already given for each Purpoſe, when we ſuppoſed but one Child in the Womb.

IT may perhaps be demanded how it is to be diſcovered by the firſt Examination, whether there be really two or more Children in the Womb; I anſwer that it is impoſſible to be certain of it, except you can feel two Bodies or two Heads; however it is abſolutely neceſſary, when the Child is in a pre-

ternatural Poſture, to act with the ſame Caution as if there were a Certainty of Twins; for ſuppoſe that upon the Eruption of the Waters, two Feet ſhould preſent to the Orifice, and that the Operator perceives no Interruption to the Extraction; ſhould this Child be immediately brought forth? No; for it may very poſſibly happen that there is another, and perhaps with its Head between the firſt One's Legs; which, if they were drawn forth in this Manner, both muſt be deſtroyed before the Mother could be delivered. The different Circumſtances whereby one may be deceived in this reſpect, may be varied infinitely; as a Hand and a Foot coming ſingly, or a Foot of different Bodies, and ſo forth; wherefore the Operator muſt omit nothing whereby he may be convinced of the Certainty of what he is going about; and the ſure Way to avoid theſe dangerous Miſtakes, is by ſliding his Hand from one Foot, along the Leg and Thigh, till he comes to the Body, and ſo bringing back his Hand by the Thigh and Leg of the other Side; this at the ſame Time makes ſure of the Feet of one Body, and alſo diſcovers if there be any Thing

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in the way, that might impede their coming forward.

THUS far have I faithfully delivered (according to the beſt of my Abilities) all that occurred to me in relation to preternatural Deliveries, where the Operators Hand is capable of affording Relief; the only Thing that now remains, before we come to thoſe Labours where we are neceſſitated to uſe Inſtruments, is the Extraction of a Mole or Falſe-Conception.

A Mole or Falſe-Conception, is a fleſhy Subſtance growing in the Matrix, from what Cauſe I ſhall leave to others to decide; our preſent Intention being only to extract it as an extraneous Body. It is of different Sizes in different Perſons, according to the Time it has been in the Womb, in ſome weighing not above an Ounce, in others perhaps Forty; the longer it remains in the Womb, the larger it grows, and conſequently the more dangerous; it adheres to the Womb like the Placenta, but has no Funis continued to it; the Formation of it, is generally attended with the Symptoms of Pregnancy, but its

Continuance is uncertain; ſometimes coming away like an Abortion, at the End of two, three, or four Months, with the ſame Diſcharges of Blood, though commonly more violent; ſometimes it remains many Years, and becomes Scirrhous, which Diſpoſition it communicates to the Womb, ſo that its Extraction becomes impoſſible.

For ſome Months it is impoſſible to diſtinguiſh between a true and falſe Conception, the ſame Symptoms being common to both; but in about three Months, if the Patient inſtead of having her Belly grow full, and ſomewhat large, perceives a particular Hardneſs, being a little ſore in the lower Part of her Belly, between the Navel and Os Pubis, then there is Reaſon to ſuſpect a Falſe-Conception; which is confirmed in five Months at moſt, by her not becoming quick as it is uſually expreſſed; for it has no Motion except what is communicated to it by the Action of her who bears it; for when ſhe uſes any extraordinary kind of Exerciſe, this is moved, which from its Weight is very perceivable to her; ſo that many have been deceived by this ſpurious Motion, and thought

thought they were quick, perhaps for a whole Year together or more, till the great Length of Time has convinced them of their Error.

As ſoon as the Exiſtence of this extraneous Maſs can be certainly diſcovered, it is neceſſary by ſome Means to procure the Diſcharge of it; which muſt be done by the Help of ſuch Emenagogues as the Phyſician ſhall think proper, and by the Surgeon's Hand; but a Perſon ſhould be very cautious how he interferes in a Matter of ſuch Conſequence, eſpecially before the uſual Time of Geſtation be expired; for the moſt experienced may be miſtaken.

MOST commonly this fleſhy Maſs comes away before the End of nine Months, after the manner of an Abortion, that is, with an exceſſive Flux of Blood, either with or without Labour-Pains; when this Flux happens, the Hand muſt be immediately introduced into the Womb, and its Contents whatever they be, muſt be extracted; if it be a Mole, it muſt be brought away after the ſame manner that the Placenta is, when the Funis is broke, which has been already deſcribed. If

it continues after nine Months, without having apparent Motion, it muſt be brought away with all ſpeed, for the longer it remains the ſtronger is its Adheſion to the Womb, and conſequently the more difficult its Extraction; which muſt be brought about by the Help of Medicines as above, whereby if poſſible to promote ſome Diſcharge of Blood from the Womb; which at the ſame Time forwards the Relaxation of the Orifice, and facilitates the Separation; which muſt be farther promoted by dilating the Orifice with the Finger as has been often deſcribed; and ſo extracting as above; obſerving ſtrictly not to leave any Part how ſmall ſoever in the Womb, for that might produce the like Accidents as if the whole were left behind.

To ſhew how eaſily one may be deceived in Matters of this kind, I will trouble the Reader with the Hiſtory of a Woman whom I delivered of a Falſe-Conception:

In *April* 1740 I was ſent for by an Iron-Monger whoſe Wife was in Labour, for which Purpoſe I was retained four Months before, from which Time I frequently viſited

ed her, and always found her reaſonably well, and as it was her firſt, have aſked her if the Child's Motion was ſtrong and lively; ſhe anſwered, that ſhe was no Judge of that Particular, but that ſhe conſtantly felt it ſtir. I found her Pains come on but very ſlow, and a ſmall Appearance of Blood at every Period; having not the leaſt Relaxation of Vagina or Os Tincæ, I left her for the Space of three Hours, in which Time I delivered another Woman; on my Return her Pains were much increaſed, but not the leaſt Dilatation; in ſhort every Circumſtance contributed to make me imagine that it would turn out ſuch a Labour as that where the Sternum preſented, with this remarkable Difference, that whenever I touched the Orifice, though never ſo ſlightly, ſhe roared extravagantly, complaining of a moſt extraordinary Pain which it cauſed in her Back, this really hindered me from giving her ſuch Aſſiſtance as was neceſſary; for her Friends thought I did ſomething very cruel at every Examination. Thus we went on for twelve Hours, at the End of which Time, I gave her a quieting Draught, which compoſed her for an Hour and a half, and intirely removed that terrible

Complaint

Complaint when the Orifice was touched; wherefore I proceeded with all convenient Speed to dilate the Parts; upon the firſt Entrance of my Finger, I was much ſurprized to feel nothing but a ſoft fleſhy Subſtance, I knew it was not the Placenta, as the Diſcharge of Blood was very inconſiderable; and it was reaſonable to imagine, if there was any extraneous Body contained in the Womb with the Child, that it would not come foremoſt if the Infant were alive; wherefore I aſked how long ſince ſhe felt it ſtir, who anſwered that ſhe had felt it within the Space of half an Hour; which put it beyond all doubt, as I thought, that there was a Child; however firſt, my Buſineſs was to bring away what offered, which I attempted but could not by Reaſon of its Size, till I had divided it into three Parts by breaking it with my Hand; when they were extracted I was more than ever ſurprized to find the Womb was quite empty. This juſt ſerves to ſhew, how little the Mother's Account is to be depended on in Matters of this kind; it alſo gives another Inſtance of the Orifice not dilating, notwithſtanding the Mother's Efforts.

PART III.

THE remaining Part of this Treatiſe ſhall be wholly taken up in the Illuſtration of that Part of Midwifry, where the Mother's Life is not to be ſaved, but by bringing away the Child, either whole or ſeparately by the Help of Inſtruments.

THE Reaſons for my not interſperſing theſe, occaſionally with other preternatural Caſes, was firſt to avoid Confuſion, by having too many Things together; I alſo thought, that tacking them to every Caſe where Inſtruments might be neceſſary, would make the Uſe of them too familiar; for I would have a Man-Midwife if poſſible, an Adept in every other reſpect, and his Judgement and Sagacity perfectly confirmed, before he even thinks of the Uſe of Inſtruments: For a young Practitioner ſhould ſeriouſly and with the greateſt Deliberation, conſider the doubtful, nay dangerous Conſequences of it; that it is abſolute Danger, not to ſay Death to the Child, and the

the Mother is never wanting in her Share of the Riſque; wherefore I cannot help owning that though I have gone through the foregoing Part of this Treatiſe with great Pleaſure, yet what is to come ſtrikes me with Horror: For in the firſt Place, it is very terrible to reflect on the deſperate Circumſtances of the wretched Patient in this Extremity: And ſecondly, leaſt I ſhould even ſeem, by any unfortunate Expreſſion, to incourage this Practice, except when abſolutely unavoidable; that is, firſt, when there is a Certainty of the Infant being dead, and alſo, that (from ſome Cauſes hereafter to be mentioned) there is no Poſſibility of bringing it forth by the Help of Hands only; for the Child's Death is not a ſufficient Warrant for the Uſe of Inſtruments; the Mother being ſubject to their ill Effects, as well as the Child, though not in ſo great a Degree; for let us conſider the Condition of the Patient, when there are ſharp Hooks, Knives of various Kinds, Forceps, *&c.* thruſt into the Womb, and beyond the certain Direction of our Hands that are to put them in Action; let us alſo conſider at the ſame Time, how impoſſible it is for a poor Creature under the moſt dreadful Apprehenſions,

prehenſions, to avoid ſtarting at every Motion of theſe foreign Materials in her Body; and the Conſequences of ſuch ſtarting, at the Inſtant that the Inſtrument is acting with the above Diſadvantages, is better imagined than expreſſed; the leaſt Scratch on the inner Coat of the Womb or Vagina, may cauſe irreparable Damage.

SECONDLY, if there be ſufficient Matter to excite our Humanity and Circumſpection when the Child is dead, how infinitely muſt it be increaſed when it is living? Here we have not only the Mother's Danger to fear, but even the Murder of an innocent Babe. Dreadful Apprehenſion! If through Raſhneſs, Fear of loſing Reputation by the Mother's bad Succeſs, or in ſhort, through Ignorance, we ſhould bring a miſerable, helpleſs Infant to an untimely End; and that by Reflection, we ſhould become ſenſible of our Error, what a Life of agonizing Remorſe muſt we lead for ever after! And how ſhould we expect to anſwer it to our Creator, by whoſe providential Care we eſcaped the ſame Danger? A Murderer of this Kind, is next

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in Guilt to the Mother who murders her own Child.

NOTWITHSTANDING that I would uſe all my Endeavours to deter Men from the raſh and imprudent Practice of inſtrumental Operations in Midwifry; yet it is not to be denied, but that ſuch Operations are very uſeful and neceſſary, when undertaken with Caution, Skill and Prudence; and that, even when the Child is alive: For the Advantage is much greater than is uſually imagined; the general Opinion being, that we ſave the Mother by deſtroying the Child, who otherwiſe might have lived; but I ſay the Matter is not ſtrictly ſo; for where the Deſtruction of the Child is neceſſary, (as doubtleſs it ſometimes is) in this Caſe if it were deferred, both muſt certainly periſh in a ſhort Time; ſo that the Mother is ſaved by the Child's dying perhaps only an Hour ſooner than of Neceſſity it otherwiſe would.

THE greateſt Difficulty therefore, is to judge the exact Time when this is neceſſary; and I muſt declare my Opinion, that it is too great an Undertaking, for any one Man ſingly

ly to reſolve on, eſpecially where there are others to conſult with; wherefore it is much to be wiſhed, that it were more the Faſhion, to call in the Aſſiſtance of another Perſon, when the Caſe is in this Degree of Perplexity, for it is very reaſonable to imagine, that the moſt experienced in this Dilemma, may have need of a concurring Judgement, when his Thoughts are confuſed, perhaps by the Loſs of his Reſt, hard Labour, being four and twenty Hours or more in the ſame Chamber, hearing the Cries and Moaning of the Patient, and being obliged to anſwer the many abſurd Queſtions of the By-ſtanders, and in ſhort, by the great Diſtraction that muſt be the Reſult of the whole Affair; in this Caſe I ſay, it is hardly poſſible that a Man can have the diſtinct Exerciſe of his reaſoning Faculties, at this Time ſo particularly requiſite; if a ſecond Perſon free from theſe Inconveniencies agrees in his Opinion, his Mind and his Conſcience are at eaſe, and his Reputation remains free from Cenſure. Both Phyſicians and Surgeons call in others of their Profeſſion, to conſult in all doubtful Caſes, without the leaſt Apprehenſion of having their Judgement in any Reſpect called in Queſtion;

Queſtion; and how much greater muſt the Neceſſity of it be in our preſent Caſe, where two Lives are at once at ſtake.

THERE might be many more Arguments produced to prove the Neceſſity of Conſultation, in the Practice of Midwifry, yet notwithſtanding all this, it is ſo little the Cuſtom, that a Man who thinks it his Duty, cannot do it without the Imputation of Ignorance; for my Part, I have often deſired the Opinion of my Brethren in doubtful Caſes, where I thought it neceſſary to deſtroy the Child; and I have found that I have been cenſured by the Patient's Friends, alledging that I was incapable of my Buſineſs in Matters of Difficulty, without the Aſſiſtance of ſome other Perſon; and that ſurely there never was a Man-Midwife who had Occaſion for another's Help; this has been affirmed to me more than once, by ſome of my Friends who had accidentally heard it; though I always tell the Patient's Huſband, or ſome near Relation, my Opinion of the Matter; and that I would chuſe, for their Satisfaction as well as my own, to have the Concurrence

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of another's Opinion, before I proceeded to any Operation of this Kind.

IF what has been ſaid on this Occaſion, may ſerve as a Warning to young Beginners, we may the more boldly proceed to the Performance of our Operations, beginning with thoſe which partake leaſt of Difficulty and Danger.

IT ſometimes happens, though the Labour has ſucceeded ſo well, that the Head of the Child has made its Way through the Bones of the Pelvis, that it cannot however come forward, by Reaſon of the extraordinary Conſtriction of the external Orifice of the Vagina; ſo that the Head, after it has paſſed the Bones, thruſts the Fleſh and Integuments before it, as if it were contained in a Purſe; in which Condition if it continues long, the Labour will become dangerous, by the Orifice of the Womb contracting about the Child's Neck; wherefore it muſt be dilated if poſſible by the Fingers, and forced over the Child's Head; if this cannot be accompliſhed, there muſt be an Inciſion made towards the Anus with a Pair of crook-

ed Probe-Sizars; introducing one Blade between the Head and Vagina, as far as ſhall be thought neceſſary for the preſent Purpoſe, and the Buſineſs is done at one Pinch, by which the whole Body will eaſily come forth.

AFTER the Delivery, the Wound muſt be taken Care of; if the Inciſion be made ſo near the Rectum as to weaken its Contraction, the Wound muſt be united by a Stitch, at the ſame Time leaving ſome of it open at the Orifice of the Vagina, which muſt be preſerved ſo, by keeping ſome Lint between the Lips, by which means we may prevent the like Inconvenience another Time; if the Wound be not very long, there is no need of a Stitch, but on the contrary it muſt be kept open by the Intervention of a Piece of Lint, till both Lips heal ſeparately; this Lint muſt be dipt in ſome vulnerary Ointment, and a Compreſs dipt in Brandy over it, which muſt be often changed on Account of the Diſcharge of the Lochia.

WE have before obſerved that the Orifice of the Womb, from the Cicatrix of ſome former

former Wound or Laceration, may be very ſlow and troubleſome in its Dilatation; however as the Impediment is but in one Point, the Work will certainly by proper Aſſiſtance from the Fingers be performed; but it ſometimes happens though very rarely, that this Orifice becomes Scirrhous, and that, to ſuch a Degree, that it will admit of no Dilatation; when this is abſolutely the Caſe, there is no Chance for ſaving either Mother or Child, but by making an Inciſion through the affected Part. However, as this very ſeldom happens, it is not much to be ſuſpected; and as the Operation is obnoxious to the moſt melancholly Conſequences, it ſhould never be determined on from one Opinion only, except in a Country Place where there is no ſecond Perſon to conſult with; for we muſt conſider in the firſt Place, that this Part is exceedingly nervous, nearly approaching to the Diſpoſition of a Tendon, being whitiſh, hard, and its component Fibres in a conſtant State of Contraction; and conſequently being wounded, would produce all the Symptomatical Effects, that ſuch Parts are capable of, with many additional Aggravations from its near Alliance to all the other Viſcera. Se-

condly, as it is continuous to the Inteſtinum Rectum on one Side, and the Bladder on the other; what Danger muſt they be in of being wounded alſo? Eſpecially as we cannot have the Eye for our Guide, nor even the Hands but in a very confined Manner. Thirdly, ſuppoſe the Part be ſcirrhous; it is very likely that this may hinder the Wound from healing for ever after, which will be a conſtant Reproach to the Operator; for the ill-natured World will never conſider the Neceſſity of the Action; and the Patient's Friends eſpecially, will calumniate him, as much as lies in their Power; which may certainly be obviated, by having the Concurrence of one or more of the ſame Faculty in Conſultation.

THESE Precautions being thoroughly weighed, if it be determined that there muſt be an Inciſion made in the Orifice, being Scirrhous; it muſt be done by placing the Patient on her Knees as in other preternatural Labours; firſt taking Care that the Rectum and Bladder, may be emptied of their Contents; both which may be brought to paſs by the Help of a Clyſter, as going to ſtool will excite the Diſcharge

Diſcharge by Urine; and then introducing the Fore-finger of the Left Hand, through the Vagina to the Orifice, having its Back to the Pubis; with the Right Hand introduce a ſtreight Biſtory of ſufficient Length, having a Button at the End; by the Direction of the Finger already in the Vagina, having the Edge towards the Finger; this buttoned End muſt be thruſt very gently into the Orifice, and then the Inciſion made very leiſurely towards the Rectum; this Inciſion muſt be proportioned to the preſent Exigency of Affairs; the greater the Extent of the Scirrhus, by ſo much muſt the Solution of Continuity be increaſed; taking all the Care imaginable not to cut ſo far as to go through the Subſtance of the Womb to the Rectum; but as theſe Parts grow thick in Proportion to the Exceſs of the Scirrhus, as the Orifice of the Womb is brought very near that of the Vagina, by the Patient's Throws, and as it may well be imagined that no one will undertake ſuch an Operation, who is not capable of making a Judgement of thoſe concurring Circumſtances, from his general Knowledge in Surgery; I ſay from theſe Reflections, it is to be hoped that there is no Danger of hurt-

ing or deſtroying any Part, but juſt what Neceſſity requires.

AFTER the Inciſion is made as far as the prudent Operator thinks he may venture, he muſt then dilate with his Finger, ſo as to get Admiſſion for his Hand into the Womb, in order to bring away the Child by the Feet; for after what is paſt, he muſt not think to wait for the Mother's Pains to bring it forth.

AFTER the Delivery, the Wound muſt be regarded; however, there is not very much to be done for it, during the firſt three or four Days of the Lochial Diſcharge, except ſome particular Symptom ſhould require it: If the Patient ſhould have great Pain in that Part, and perhaps conſequently be convulſed; then indeed, there muſt be anodine emolient Injections immediately made uſe of, while the Phyſician does his Part, by ordering ſuch internal Medicines as he ſhall think proper.

PERHAPS the Patient, by extraordinary Care, and I can't help ſaying good Fortune, may

may recover after this terrible Operation; but when we conſider the primitive bad Diſpoſition of the Womb, and what it has now ſuffered, there is no great Reaſon to hope for Succeſs; of which her Friends ſhould always be apprized; if Matters ſhould turn out well, the Surprize will be much the more agreeable.

THE moſt melancholly Caſe in Midwifry, is when the Child, though coming in a natural Direction, cannot be brought forth, either on Account of its extraordinary Size, or the bad Form of the Pelvis through which it is to paſs; here the moſt exact Nicety of our Judgement is particularly neceſſary; if the Child cannot come forth by the natural Means, it muſt either be brought away by Force, or both Mother and it muſt periſh; which of theſe two Evils is to be choſen, I think admits of no doubt; but the Difficulty ariſes concerning the Time that this is to be done; if there be no obvious Diſtortion in the Pelvis, it is impoſſible to determine either from the Size of the Head or Demenſions of the Pelvis, whether it can come forward; for a Moment of Time will pro-

duce moſt ſurpriſing Alterations in that reſpect; therefore the only Direction we can depend on, is the Patient's Strength, for while that laſts, there are Hopes; but when we find this much exhauſted, ſhe muſt be Delivered immediately by ſome Means or other; we diſcover the Decay of Strength, by the Time ſhe has been in Labour, by the Abſence of her Pains, a Coldneſs ſeiſing her Limbs, her Voice becoming feeble ſo as ſcarcely to be heard, a depreſſed intermitting Pulſe, Hippocratic Face, and ſo forth.

HAVING already endeavoured, as much as the Compaſs of theſe Sheets would admit of, to ſet forth the Advantages of Conſultation in theſe important Caſes; I ſhall therefore ſay no more on that Head; ſo that when it is determined that the Patient can hold out no longer in her preſent Circumſtances, the Child muſt be extracted by ſuch Inſtruments as ſhall be thought moſt convenient for the preſent Exigency.

IF the Expulſion be impeded only by the Diſproportion of Size in the Head and Pelvis, or the Mother's Weakneſs; and not from any

any Diſtortion in the Form; and if there be any Reaſon to imagine that the Child is living, or rather if there be not a Certainty of its Death; in this Caſe, I ſay, the beſt adapted Inſtrument, is the large Forceps, which is in general Uſe all over *Europe*; wherefore it needs no particular Deſcription; however it may not be amiſs to give ſome Hints as to the Choice of them: We muſt firſt obſerve, that the two Extremities of that Part of the Inſtrument which is to take hold of the Head, ſhould not approach too near each other; Secondly, that there ſhould not be too great a Space between the Middle of the two Sides compoſing this ſame Part, that is to ſay, that the two Sides which are to take hold of the Child's Head, ſhould form an oblong Oval, rather than approach in the leaſt to a Circle; by obſerving this Precaution, the Child's Life may be often ſaved, for Inſtance: It is viſible at firſt Sight, which Part of this Inſtrument is deſigned for taking hold of the Head; and that each Branch of it muſt go beyond the Head, ſo that its Extremities muſt cloſe about the Neck; now if theſe Ends approach too near to each other, they may very poſſibly ſtrangle the Child; and again, if theſe

two

two Branches be too much bent, ſo that from the Axis to their Extremities, they approach too near unto a Circle; then the Mother is in Danger of having the Vagina bruiſed, by preſſing forcibly againſt the Oſſa Iſchia; whereas if their Form was more oblong, the Preſſure would be chiefly on the Child's Head, which Nature deſigned it ſhould endure on this Occaſion, and therefore formed the Bones of the Cranium accordingly.

BEING thus provided, we proceed to the Operation by placing the Patient on her Knees, as before directed; always taking great Care to conceal the matter from her, by incouraging her, and promiſing a ſpeedy Delivery. Firſt then, we ſeparate the two Sides of the Forceps, by unſkrewing the Center-pin, which is the Axis on which they move; here we muſt obſerve (for nothing muſt be omitted that may even expedite our Buſineſs) that this Center-pin ſkrews only into one Side of the Forceps, the other being left free to move on it, the Uſe of this Obſervation will appear preſently; the Operator muſt take that Side of the Forceps whoſe Perforation is without a Skrew, (being warmed and oiled)

ed) in his left Hand, and by the Help of the right, introduce it into the Vagina on the right Side, having its concave Surface next the Child's Head, thruſting it forward gently, till he finds the End of it has gone as far as the Neck of the Infant; in this Poſition, the Handle of the Inſtrument will be at the left Side, where it muſt be held very firmly by the left Hand, not ſuffering it to move either up or down, which it will be very apt to do; while he introduces the other with the right Hand only, at the left Side of the Vagina, directly oppoſite to its Fellow in every Reſpect, leaving the Handle of the firſt uppermoſt, which this muſt neceſſarily interſect, thruſting it forward as far as the other, till their Articulation meets, then putting the Pin through the uppermoſt, it ſkrews into the one beneath; when they come together, ſo as to be able to faſten in the Skrew-pin, the whole Difficulty of the Operation is over; then the Operator muſt pull by the two Handles of the Forceps, with ſuch a Force, as the Neceſſity of the Caſe requires, till he has brought the Head into the World; and quitting the Inſtrument, take hold of the Head in his Hands,

and

and bring it forth as in a natural Delivery. If the Difficulty proceeds from the Smallneſs of the Paſſage through the Pelvis, the Shoulders frequently ſtop; in this Caſe he muſt endeavour to bring them forth, by introducing a Finger under each Arm-pitt as formerly directed; if this does not ſucceed, the Handles of the above Forceps, are perfectly well contrived for this Purpoſe, having an Hook at each End, which are very eaſily put under the Axillæ, whereby the Child is infallibly drawn forth, if not monſtrous, or very dropſical.

By the above Method the Child is often brought forth alive, nay it is my Opinion, that with a ſtrict Obſervance of every Particular of the above Precautions, how trifling ſoever ſome of them may appear, that the Infant will never be deſtroyed by this Inſtrument; but this much muſt be allowed, that the Child is moſt commonly dead before we come to the Operation, whereby the Inſtrument may be falſly accuſed.

Notwithstanding the Excellence of this Forceps, yet there are many Caſes where the

the Head comes firſt, wherein it ought not, and cannot be uſed.

FIRST then, it ſhould not be uſed, when there is a Certainty from the Indications already mentioned, of the Child being dead. Secondly, it cannot be uſed when the Impediment is from any Diſtortion of the Bones that form the Pelvis. Thirdly, when it proceeds from the Narrowneſs of the Pelvis, that is, when the Sacrum and Pubis are too near each other. Fourthly, when the Head has been ſo long in the Paſſage, that the circumjacent Parts are ſwoln. Fifthly and laſtly, when by any Means the Head cannot advance ſo far as to be within reach of the Inſtrument.

NOW we muſt conſider that this Forceps, though very happily contrived for the Safety of the Child, yet at the ſame Time it is very capable of hurting the Mother; for it is allowed in the firſt Place, that the Head from its Size cannot make its Way through the Paſſage; yet it is brought away by Force, with the additional Bulk of this Forceps at each Side of it, which certainly muſt preſs very hard on the Iſchia; and conſequently

the

the Parts between the Iron and theſe Bones, muſt be much bruiſed; however we would willingly run the Riſque of that, in Hopes of ſaving the Child's Life, which I have often done by the Help of this Inſtrument. But why ſhould we ſubject the wretched Patient to this Danger when the Child is really dead? eſpecially as there is a much eaſier Method of doing the Buſineſs, both for the Mother and Operator, as ſhall be ſhewn preſently, when we have given Reaſons why this Inſtrument cannot be uſed in the Caſes above-mentioned.

THIS Inſtrument is of no Uſe when a Diſtortion of ſome of the Bones of the Pelvis obſtructs the Paſſage: For if the two Sides of it cannot be introduced at each Side of the Head in a direct parallel Line, the Joint whereby they are united, cannot be brought together, ſo as to ſkrew in, the above-mentioned Pin; and conſequently they cannot take hold of the Head. I think there needs no Argument to prove how eaſily the Diſtortion of the Pelvis may produce this Effect.

WHEN the Hindrance of the Birth is from the Pubis and Sacrum being too near each other, the Head can never come forward enough to be within the Influence of this Inſtrument; for from the Mechaniſm of it, and the Nature of the whole Operation, it is evident that the Head muſt be far advanced in the Paſſage when the Forceps can be applied.

WHEN the circumjacent Parts are ſwoln, 'tis impoſſible to introduce the Inſtrument into the Vagina; I delivered a Woman who had ſuch a Swelling of the Pudendum, that it was with Difficulty I could introduce a Finger into the Orifice of the Vagina, of which we ſhall have a fuller Account preſently.

HAVING ſhewed where this is improper, we muſt now conſider of another, applicable to each particular Caſe; beginning with the dead Child, which from all the Conſiderations already delivered, cannot be brought forth by any other Means.

Mr.

Mr. MAURICEAU has invented a Machine for this Purpoſe, to which he has given the Name of Tire-Tête; of which he has given Figures in his Book of Midwifry; he directs to make an Inciſion between the Sutures, large enough to give Paſſage to a round Plate, which is to be introduced into the Cranium; this Opening is to be made by a broad two-edged Knife, of which he alſo gives a Figure; for the Remainder of the Operation I refer to his Book, thus much being ſufficient for our preſent Purpoſe; wherefore let us now conſider how far this Inſtrument deſerves Applauſe.

THERE muſt be a prodigious deal of Trouble and Time taken up, to bring this Inſtrument into a State of Action; firſt, there is a Difficulty in diſcovering the Sutures, for it is not the Fontanel that preſents; but that Part of the Head which is generally called the Crown; which is the Meeting of the Lambdoidal and Sagittal Sutures, where it is by no Means an eaſy Matter to make an Inciſion large enough for the Admiſſion of this Plate, for it muſt be made directly oppoſite the Entrance into the Vagina; next, it is a tedious

tedious and difficult Operation to fix this Plate; and after that, there are many Skrews and other Materials to be applied; in ſhort 'tis too complexed a Piece of Buſineſs to be uſed on this Occaſion, and it will appear ſtill more ſo, when it is proved that after the Inciſion, there is no Neceſſity for the Application of it; for by this Opening, the greateſt Part of the Brain may be evacuated, ſo as to leſſen the Size of the Skull, in ſuch a Manner that you may take hold of it with your Hand, and bring forth the Child without the Help of any other Inſtrument.

FROM this, together with Mr. MAURICEAU'S eaſy Method of directing an Inciſion to be made in the Cranium, the Reader may well imagine that the Extraction of the dead Child, (even in the worſt Circumſtances) is a very eaſy Operation; but I hope to make him ſenſible how very remiſs our Author was, in making ſo ſlight of this firſt Part of his Operation; where he directs the opening to be made by an Inſtrument which he boaſts to be of his own Invention in the Form of the ſharp End of a Pike; theſe are his own

Words, the Raſhneſs of which is very ſurpriſing.

LET us conſider now, even when the Head is within two or three Inches of the World, without the additional Aggravations of ſwelling &c. What Danger muſt the Mother be in of being wounded, at the Introduction of this two-edged Weapon? And how impoſſible muſt it be for her to eſcape, when by any of the above-mentioned Evils, the Head is at a great Diſtance from the external Orifice of the Vagina, or incloſed by the above Swelling? This will appear plainer, when we conſider that the Texture of the Vagina is ſuch, that though it will give Paſſage to a large Body, yet if we introduce a Body into it no bigger than a Gooſe-Quill, it will be contiguous to the Vagina on all Sides; ſo that there is never an actual ſubſiſting Cavity in it, except by the Intervention of ſome foreign Subſtance; add to this the Patient's conſtant Motion of her Poſteriors, from her Pain, Weakneſs, and terrible Apprehenſions; and what muſt be the Conſequence of the leaſt Motion of thoſe Parts, when this Knife is naked in the Vagina?

Vagina? I hope the humane Reader will paint to his own Imagination, the dreadful Danger of a diſtreſſed Patient in theſe Circumſtances, in much livelier Colours than is in my Power to expreſs, whereby he may be inclined to favour any Attempt, how weak ſoever, to prevent this Grievance.

NOTWITHSTANDING what has been ſaid, the ſafeſt and moſt eaſy Method of extracting the Child under the above-mentioned Misfortunes, is by evacuating the Brain, by an Inciſion in the Cranium, between the Sutures; wherefore our preſent Duty is to endeavour to diſcover ſome Means, whereby this Method may be purſued, without running the Riſque of hurting or deſtroying the Patient; in order to which, I ſhall beg leave to give the following Hiſtory.

IN *June* 1738, I was ſent for to the Aſſiſtance of a Woman on the upper Comb, who had been in Labour two Days and as many Nights; the Midwife who attended her told me, that notwithſtanding her Pains were very ſtrong during the whole Time, yet ſhe could not determine what Part of the

Child preſented, which upon Inquiry, I did not much wonder at; for the Space between the Os Sacrum and Pubis was ſurpriſingly narrow, inſomuch that the ſmall Portion of the Head, which was forced between them, by the long Continuance of her exceſſive Pains, was not above two Inches thick. Though there was no Doubt of the Child being dead, and though there was no Method of bringing it forth but by evacuating the Brain; yet to avoid Cenſure, I told her Friends the State of her Condition, and at the ſame Time deſired a Conſultation, which they ſeemed much ſurprized at, however they granted it; we immediately agreed to leſſen the Size of the Head, by removing Part of the Brain: The Part whereon I was to operate was at a great Diſtance from me, which ſtill increaſed my Antipathy to cutting Inſtruments; wherefore I thought that a Pair of Sizars might be at leaſt introduced through the Vagina with leſs Danger than a Knife; which made me reſolve on the Uſe of a ſtrong Pair, which I had with me of ſufficient Length, which were exerciſed in the following Manner:

I introduced

I introduced my left Hand into the Vagina, and by its Direction, the Sizars (quite closed) with my Right, fixing their Points on my Finger which lay on the Child's Head ; then opening them I let a Branch ſlip by each Side of the Finger, till both Points arrived at the Head, at about an Inch and a half Diſtance, which I thruſt forcibly into the Skull, till I was ſure the Bone was penetrated, and with all the Strength of my right Hand divided the Space between the two Points, which made a ſufficient opening ; I then began to ſqueeſe the Bones of the Cranium together, which is very eaſily done when there is at the ſame Time a Way for the Brain to make its Exit ; when I thought I had leſſened the Bulk of the Head ſufficiently, I thruſt two of my Fingers into the new-made Opening, and by bending, fixed them like Crochets, whereby the Delivery was ſoon completed, though the Shoulders made great Reſiſtance.

THIS Method, though preferable to Mr. MAURICEAU'S two-edged Knife, and Tire-Tête, was but the Work of Neceſſity, and conſequently a poor Contrivance ; which put me upon conſidering, whether a cutting Inſtru-

ment might be contrived, ſo as to be introduced into the Womb, without endangering either it or the Vagina; which Deſign I did accompliſh very much to my own Satisfaction; and hope it may prove ſo to the reſt of the Faculty. I have uſed it where no other Inſtrument that ever I ſaw, could poſſibly be applied with Succeſs; and in many other Caſes where to me it ſeemed beyond all Doubt, that no other could have anſwered ſo well, as I ſhall endeavour to prove in the Sequel, both from the Nature of the Thing, and Hiſtories of Matters of Fact.

FIRST then, I conſidered that the Vagina preſſes almoſt Undiquaque on every Thing that paſſes through it, how ſmall ſoever; and therefore that nothing could defend it from the Miſchiefs of a cutting Inſtrument, but ſomething in the Nature of a Sheath, wherein this Knife muſt be hid, till it be conducted to the Part whereon it is to act; this Contrivance is to be ſeen at large in the annexed Figures, by the following Directions.

PLATE

Fig: 1

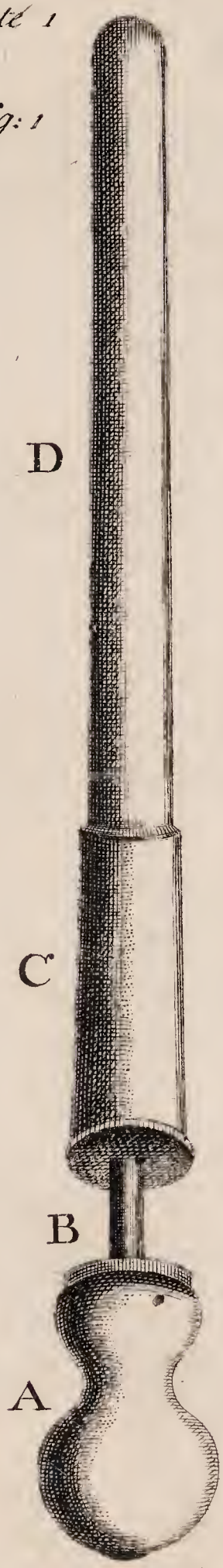


Fig: 2



PLATE I.

Repreſenting an Inſtrument which we ſhall diſtinguiſh by the Name of Terebra Occulta; being a Piercer, to perforate the Head of an Infant, in order to leſſen the Size of it, by evacuating Part of the Brain; this Piercer is concealed in a Sheath, for the Preſervation of the Mother, till conducted to the Part where it is to operate, as we are now going to demonſtrate.

FIG. I. Shews the Terebra Occulta, with the Blade concealed in the Sheath, by means of a Spring.

A. The Handle to which the Piercer is continued.

B. The Continuation as ſhall be ſhewn in Plate 2.

C. D. The Capſula or Sheath, whereby the Mother is defended from the ſharp Edges of the Piercer; being an Iron Canula, containing nine Inches in Length; round at the End marked C. to contain the Spring, and for the ſame Reaſon larger than the End D. being above half an Inch Diameter; whereas it grows ſmaller and flat, as it approaches the End marked D. in the ſame Proportion as in the Figure.

FIG. II. Shews the ſame Inſtrument, having the Piercer thruſt forward out of the Capſula as when in Action.

A. the Handle.

B. C. The Capſula.

D. The Blade of the Piercer which is to perforate the Skull.

Note that in FIG. I. the Diſtance between the Handle A. and the Canula C. is directly as long as the Blade D. in FIG. II.

PLATE II.

Repreſenting the Terebra Occulta with half the Capſula removed, in order to ſhew the Spring, whereby the Terebra retires into it when the Operation is performed; and alſo to ſhew the Continuation of the Blade to the Handle.

FIG. I. Shews the Inſtrument as above, when concealed in the Capſula.

A. The Handle.

B. The Continuation from the Handle to the Blade E. This is round and of equal Thickneſs, as far as it is concerned with the Spring F. and grows flat and ſmall as it approaches the Blade.

C. D. The Capſula as above.

E. The Terebra; this is about three Fourths of an Inch long, and one Fourth and half broad; being thick in Subſtance, and not ſharp, having what is generally called a round Edge, leſt any Particle of it ſhould break off, and remain in the Rugæ of the Vagina, which might have very bad Conſequences.

F. A Worm-Spring, made of ſtrong Steel Wire, having one End fixed in to the Terebra marked a. and the other into the Capſula marked b. ſo that when the Handle A. is puſhed to the Capſula C. the Point (a) of the Spring is forced out of its natural Poſture; to which by its Elaſticity it will reſtore itſelf, and conſequently the Terebra to which it is fixed.

FIG. II. A. B. C. D. ſhew the Inſtrument with the Blade thruſt out of the Capſula and the Spring on the ſtretch.

By

Plate: 2

Fig: 1

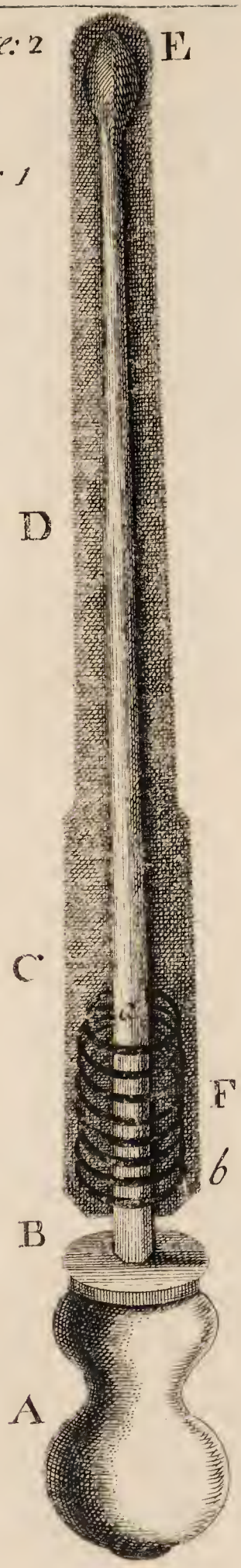
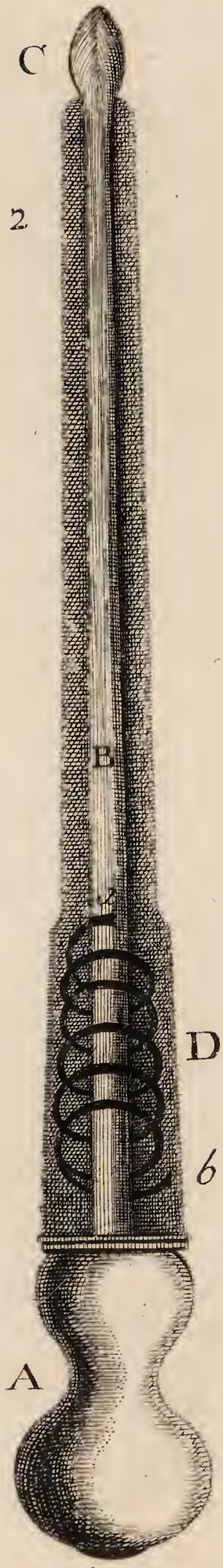


Fig: 2



By the foregoing Figures and their Deſcription, I hope it is evident how much the Inſtrument contributes to the Mother's Safety, and how effectually it is capable of doing the Buſineſs required; if I thought there was any Sort of Objection to the Uſe of it, it ſhould moſt certainly be mentioned here; but having uſed it ſeveral Times, I found it anſwer every Expectation completely; the particular Manner of operating with it, ſhall be ſhewed occaſionally, in giving the Hiſtories of ſome Caſes where the Application of it has been neceſſary.

In *December* 1739, I was conducted to a poor Woman in *Stephen-ſtreet*, who had been in Labour ſix Days; inquiring for the Woman who attended her, I was informed that ſhe had not been there for two Days before, having left the Patient on Account of her Pains ceaſing, deſiring that ſhe might be ſent for when they returned; which not happening during the Space of two Days, they ſent for me; I found the external Parts of Generation ſo prodigiouſly ſwelled, that it was with Difficulty I could find a Paſſage for my Finger into the Vagina. This was the

the firſt Oportunity I had of trying my new Inſtrument; and indeed had I been unprovided of it, the Operation could never have been performed without deſtroying the Mother before the Child could have been come at: With ſome Difficulty I found the Child's Head, though at the very Orifice of the Vagina, and fixed in ſuch a Manner, that one might have imagined it an inſeparable Part of the Patient; upon bringing back my Finger, there iſſued out an Ichorous Humour of a moſt cadaverous Smell; which made me of Opinion that the Head had been thus far advonced at leaſt four or five Days, and conſequently made me ſuſpect what I was afterwards confirmed of, namely, a Mortification of the circumjacent Parts of the Mother. The Stench which filled the Room, and Time of her Illneſs, were ſufficient Evidences of her Danger; wherefore I took no Time to make a Prognoſtick to her Friends, but immediately went to work for her Relief, though too late.

FROM the above Circumſtances, it is evident that there was no Poſſibility of ſearching for Sutures, or the ſofteſt Part of the Cranium

nium wherein to make the Perforation; wherefore taking the Capſula at the Part marked C. Fig. I. in my Right Hand, and thruſting it boldly in, (having nothing to fear) till I found it ſtop at the Child's Head; then with my Left Hand I puſhed the Handle marked A. with ſuch a Force as was ſufficient to pierce through the Skull, and the Handle immediately re-aſſumed its Situation by means of the Spring; then removing the Inſtrument, I introduced my Finger into the Perforation, and as far as it could reach, broke all the Subſtance of the Cerebrum, which immediately iſſued forth, ſuch was the Compreſſion which the Head ſtill ſuſtained; after this the external Parts ſeemed much more diſpoſed to relax than before, ſo that by the Help of a Fomentation of Bran and Water boiled, which was the moſt expeditious Remedy that could be then got, I obtained a Paſſage for my Hand, ſo as to leſſen the Size of the Head by evacuating the Brain, and brought forth a Child almoſt rotten; immediately after the Delivery, the Patient made four Quarts of Urine; having had no Evacuation, either this Way or by Stool for four Days before.

FROM

FROM the long Continuance of this Woman's Labour, her Weakneſs, and the prodigious fœtid Smell of her Uterine diſcharge, I thought it impoſſible for her to live many Days; in about eight Hours after her Delivery, I found her perfectly eaſy, having ſlept almoſt two Hours; but her Urine came away inſenſibly; the next Viſit, I was told that both Stool and Urine came away inſenſibly through the Pudendum, which confirmed me in the Opinion that all the Parts contiguous to the Child's Head were mortified; in this wretched loathſome Manner did this poor Creature live for the Space of ſix Weeks.

LET us now conſider the Head remaining in the Womb ſeparate from the Body: This indeed is a moſt melancholly Circumſtance, with this Aggravation, that we have but very lame Aſſiſtance from our Predeceſſors for the Removal of it: Mr. MAURICEAU who is generally eſteemed our principal Guide in Matters of Midwifry, has laid down various Methods for the Reader to chuſe out of, as we ſhall now remark.

HE

HE firſt tells us that the Difficulty of this Operation is ſuch, that two or three Surgeons have ſucceſſively forſaken the ſame Operation, not being able to perform it, and the Patient conſequently loſt; this, he ſaith he is of Opinion would not have happened, had they done as he then directed; which was, firſt to introduce the Right Hand into the Womb, and find out the Mouth, into which put two Fingers, and the Thumb under the Chin, by which hold to draw it forth gradually.

Now let us conſider what the Cauſe may be that hinders the Extraction of the Head with the Body, be it Putrefaction, monſtrous Size, or a preternatural Form of the Bones compoſing the Pelvis: If it be Putrefaction, himſelf allows that the lower Jaw is not a ſufficient Hold, for the Head to be extracted by; but in any other Caſe ſeems poſitive of its Sufficience. Let us ſuppoſe then, that the Difficulty ariſes either from the monſtrous Size of the Head, or preternatural Shape of the Pelvis, the Argument being equal in both; is not the natural Connexion of the Head to the Trunk, by the Intervention of ſo many Articulations and Muſcles, with the additional

additional Advantage of the Shoulders making Way for it; I ſay with all theſe Advantages, is it not more likely to bring forth the Head, than a ſingle Hold of a Finger and Thumb, on the lower Jaw? Beſides, I will venture to affirm, that the Hand being introduced into the Womb, and the Finger and Thumb fixed as if they had hold of the lower Jaw, could not be extracted without great Difficulty, though there were nothing for them to bring away; for the Hand muſt be contracted into its narroweſt Compaſs, either to be thruſt into, or brought out of the Womb.

AGAIN he adviſes, when this Attempt fails, to endeavour the Extraction by the Help of a Crochet, which he directs to be thruſt into the Eye, Ear, behind the Head, or into ſome of the Sutures. As to this Practice, I cannot help giving my Opinion, that the Uſe of Crochets in any Caſe, is very blamable, but eſpecially when the Head is ſevered from the Body; it is well known to every one converſant in the Practice of Midwifry, that the Application of a Crochet is very difficult, even when the Head is in the Vagina, and kept ſteady by its Connexion to the

the Body; and when it does happen to be fixed, the Extraction of the Child thereby, is very dangerous; for we cannot be certain of the Hold it has taken, and if it ſhould ſlip in the Operation, as it may in the Hands of the moſt able Operator, the Patient is in great Danger of being ruined.

IF theſe Aſſertions be allowed, the Danger muſt be much greater, when the Head remains diſingaged in the Womb; In the firſt Place, how is it poſſible for the ſingle Hand in the Womb, to hold the Head, ſo as to make a Reſiſtance equal to the Force of a Crochet perforating ſome of the Bones of the Cranium? But ſuppoſing the Poſſibility of it, (which I own I cannot allow) what Man in his Senſes would venture to draw forth the Head by this Inſtrument; for ſhould it ſlip, as in all likelihood it muſt; the Womb and Vagina would not only be wounded, but probably a Piece be torn away, exactly like that which happens to wearing Cloaths, that are tore by a Nail or Tenter-Hook; beſides, if we conſider the Matter, it will appear that the Head cannot be extracted by any Force whatſoever, if it be not in ſuch a Direction,

that

that the Sutures will close as it advances into the Vagina; which can rarely happen when attempted to be drawn forth by a Crochet.

OUR Author also mentions an Expedient for extracting the separated Head, by introducing a soft Fillet, or Slip of Linnen, about four Fingers in Breadth, and three Quarters of an Ell in Length; and by holding the two Ends of it in one Hand, and introducing it double with the other into the Womb; and by fixing the Head in this, as a Stone in a Sling, whereby to draw it forward; indeed there is thus much to be said of this Operation, that there is no Danger of committing any Violence on the Patient; however there are very little Hopes of Success from it; for this Piece of Linnen must be much wrinkled before it arrives in the Womb; and after that, how impossible must it be to fix the Head in it, with a single Hand so much confined, and out of Sight? Mr. MAURICEAU acknowledges that he never put this Method in Practice; but that he thinks it a very ingenious Invention.

Mr.

Mr. AMAND, a *French* Surgeon, made an Improvement on this laſt Invention of Mr, MAURICEAU'S, upon which Foundation he has compiled a large Octavo Volume of Caſes in Midwifry: Inſtead of a Sling, he puts the Head into a Purſe with running-Strings; this Purſe, (which in Texture and Shape, is like the Caul of a Periwig) is to be fixed to the Back of the Operator's Left Hand, by means of Loops for that Purpoſe; in which Manner it is to be conveyed into the Womb, and ſo continued till he has taken hold of the Head in his ſaid Hand; and then, by means of two Strings, which are continued to the Purſe, at the Ends of the Fingers, it is to be pulled over the Head, and the Hand removed; the Reader may have a clearer Idea of this Matter by turning to his Book, where this Machine is repreſented in Copper-Plate.

THE Difficulty of putting the Head into this Purſe, is full as great (if not more ſo) as putting it into the Sling; but admit the Poſſibility which is much to be doubted; the Head is not the nigher being extracted, except where the Separation is cauſed by Putrefaction; for neither of our Authors conſider,

that the Cauſe of Separation is from the Diſproportion of Size between the Head and the Paſſage through which it is to make its Exit. Wherefore the firſt Thing to be done, is to leſſen the Size of the Head (without which the moſt ingenious Machine is trifling and inſignificant) after which there needs no other Contrivance than the Operator's Hand to bring it away.

Mr. MAURICEAU tells us, if all the above Expedients prove unſucceſsful (which by the by, ſhews his Diffidence of them) that we muſt then make an Opening between the Sutures, in order to evacuate ſome of the Brain; for which Purpoſe he recommends a crooked ſharp-pointed Knife, of ſufficient Length to reach into the Uterus, which is to be directed by the Left Hand being in the Womb before it; this is a moſt dreadful Weapon to be thruſt naked into the Matrix; the leaſt ſudden Motion of the Patient may abſolutely murder her; for the Point of this crooked Inſtrument is at leaſt ſeven Inches from the Handle, which is the Center of its Motion in the Womb, and it is viſible how much the

Action

Action of the Point muſt be increaſed, at this Diſtance from the Center.

THESE Conſiderations I ſuppoſe made AMBROSE PAREE, and GUILLEMEAU propoſe a very ſhort Knife, that might be incloſed in the Operator's Hand, till introduced into the Womb; but without all doubt, they never made Uſe of this Inſtrument; for in the firſt Place, it would be impoſſible to introduce the Hand, in a Form neceſſary to contain this Knife; and were it introduced, there muſt neceſſarily be a Hand quite diſingaged, to find out the Sutures, and hold the Head ſteady, to reſiſt the Force of the penetrating Inſtrument; wherefore this Scheme, if ever attempted, muſt prove unſucceſsful.

Now let the conſiderate Reader reflect on the Objections raiſed to the ſeveral Methods of, and Inſtruments for, the Extraction of the Head remaining in the Womb ſeparate from the Body: I am convinced he will allow, that the Evacuation of the Brain is firſt neceſſary, as conducive to the Performance of this Operation; and conſequently all the Methods prior to it, as drawing it forth by the

lower Jaw, Application of Crochets, Sling or Purſe, are confuted; he will alſo agree with me in condemning long or ſhort Knives, as dangerous and ill contrived; wherefore it now remains that we ſhould find out ſome Inſtrument more convenient and leſs dangerous; for which Purpoſe I humbly offer the Terebra Occulta, already deſcribed, in which is obviated every Objection already raiſed to the above-mentioned Inſtruments; to confirm which, I ſhall take the Liberty to give the following Hiſtory.

IN *January* 1739, I was ſent for, to the Aſſiſtance of a Servant who lived in a public Houſe, at the Corner of *Chancery-Lane* in *Golden-Lane*: She was a Woman of exceeding low Stature and much diſtorted in her Shape; ſhe had been in Labour for two Days before, yet there was no Dilatation of the Os Tincæ, except what a ſmall Bag of Water had made; upon dilating the Orifice, I found a moſt ſtrangely miſhapen Pelvis; as if there had been a Luxation of the Os Sacrum and lower Vertebra of the Loins, whereby the upper Extremity of the Os Sacrum was turned down to the Os Pubis, which

which likely had been the Caſe; I immediately perceived the Impoſſibility of the Infant being brought forth Head foremoſt; wherefore with exceeding great Difficulty, I put my Hand very well oiled, through this narrow Paſſage, and with as much Difficulty turned the Child ſo as to bring it by the Feet; after two Hours exceſſive hard Toil, I brought the Body and Arms into the World; but had it been to ſave my own Life, I could not have brought away the Head; wherefore after many vain Endeavours, I was at laſt obliged to ſeparate the Body from it, by turning it round, whereby the Neck was diſlocated; I fortunately had the laſt mentioned Inſtrument with me; ſo immediately introduced my Left Hand into the Womb, and held the Head between my Thumb and Middle-finger, fixing the Index on the Fontanell, by which means I held the Head ſteady, and at the ſame Time pointed to the Place where the Perforation was to be made; I then took the Terebra Occulta in my Right Hand, by that Part of the Capſula which contains the Spring, and thruſt it forward till it arrived at the Fontanell by the Direction of the Index, being free from any Danger therefrom on

the Patient's Side, and ſo puſht in the Handle, whereby the Operation was performed; then by ſqueezing the Bones of the Head together; I evacuated the greateſt Part of the Brain, and introducing two Fingers into the Perforation, drew the Head forward with as much Eaſe as the Narrowneſs of the Paſſage would admit of, having more Difficulty in bringing away my Hand than the empty Skull. Afterwards I brought forth the Placenta, and cleanſed the Womb of the Brain, *&c.* with my Hand: This Patient recovered, and is ſtill living and well, which in my Opinion could not have happened, were it not for the Aſſiſtance of the Terebra Occulta.

THIS was the moſt laborious Operation I ever performed; though it was in the midſt of the great Froſt, yet I ſweated through all my Cloaths; and my Left Hand was ſo ſwelled, that I could not make uſe of it rightly in ten Days after.

THE next inſtrumental Operation that comes properly under our Care, is the Delivery where the Child is dropſical to ſuch a Degree, that it cannot be brought forth till the

the Belly be emptied of ſome of its Contents; this extraordinary Inflation happens, either before or after the Child's Death, but moſt commonly after. When it happens in its Life-time, it is a real Aſcites, being filled with extravaſated Serum; but that after Death is of a quite different Nature; being nothing more than the Air contained in the Cavity in general and in the Viſcera, which is rarified and expanded, by the Putrefaction conſequential to Death, and that much increaſed by the Warmth, Moiſture and Action of the Womb.

THIS Evil is not to be diſcovered till the very Inſtant the Operation is to be performed; namely, when the Hands and Shoulders are extracted, and ſo much of the Body, till the extraordinary Size of the Belly hinders its coming any farther; wherefore there are no precautionary Directions to be given, more than what is neceſſary to preſerve the Mother from Danger; in order to which we muſt take Notice of what has been the Practice hitherto.

THE Inſtrument in Uſe for the Performance of this Operation, by the Authority of Mr. MAURICEAU, *&c.* is really very ſurprizing; I cannot ſee how all the Care and Caution of the moſt expert Artiſt, can poſſibly ſecure the Patient from Deſtruction; his Method is as follows: "When there is "a Dropſy either in the Head, Breaſt or "Belly of an Infant in Utero, ſo as to hin- "der the Birth, there muſt be an Opening "made in the Part affected, by a crooked "Knife, as marked in the Figure repreſent- "ing the Inſtruments neceſſary for Operati- "ons in Midwifry; the Left Hand muſt be "introduced to the Part where the Perfora- "tion is to be made, and with the Right, "the Knife, with the Point next the Left "Hand, which is to direct it to make the "Puncture."

BY looking at the Inſtruments in MAURICEAU's Treatiſe of Midwifry, the Reader will find that this crooked Knife is not ſhaped like a common Biſtory, as one might imagine from the Name crooked; for by the Way of Diſtinction it ſhould be called hooked; the Point being at leaſt an Inch and half from

from the Back of the Knife where the Bending begins. Now let us conſider the Belly, the Seat of this Operation: Firſt then, the Paſſage is taken up by the Child's Body; next to that the Operator's Hand is to be forced in, to direct this Knife, and then the Knife itſelf, with the Point towards the Operator's Hand, which from the Shape of it, I may venture to ſay will take up two Inches more; ſo we may ſay, that between the Hand and Knife, there is the Space of three Inches taken up in the Paſſage, over and above the Child's Body. Hence it is very natural to imagine the Child's Belly muſt be very monſtrous indeed, that could not be brought away where there is ſo much Room to ſpare; but this to be ſure is an impoſſible Caſe.

HOWEVER if on the Credit of MAURICEAU and others, a Practitioner in Midwifry ſhould undertake this Operation, according to the above Directions, (as doubtleſs often has been the Caſe) what terrible Havock muſt he make not only of the miſerable Patient, but of his own Hand alſo, againſt which the Point is to be conducted.

If

If I have the Happineſs of being rightly underſtood, every Reader will certainly join in my Opinion concerning this Matter.

Now as to a ſubſtitute, the Terebra Occulta is perhaps more happily adapted to this Occaſion, than any other; for in this Operation, the Patient is more obnoxious to Danger than any other, from the Body of the Child taking up in ſhort the whole Paſſage; as will appear more fully in the following Hiſtory, wherein to avoid Prolixity, we will alſo ſhew the manner of performing this Operation.

IN *Auguſt* 1740, I delivered a Woman in the *Brick-fields*, between *Ring*'s-*End* and *Merion*, whoſe Huſband died about ſix Weeks before, on which Account ſhe was obliged to attend a Horſe, by whoſe Labour ſhe had her daily Support; carrying a large two-handled Tub of Water for this Horſe to drink, between her Hands, the whole Weight lying on her Belly, killed the Child in the Womb, which ſhe diſcovered by the Contuſion on her Belly, and the Fœtus ceaſing to ſtir from that Time, for the Space of four Weeks;

after

after which ſhe fell in Labour, which laſted two Days before I was ſent for. I found her in a violent Fever, and extremely delirious; there was a very ſufficient Dilatation of the Vagina and Os Tincæ, and yet, notwithſtanding two Days ſtrong Labour, I could ſcarcely touch the Child's Head with my Finger, ſo little was it advanced; there were Circumſtances ſufficient to confirm the Death of the Child; wherefore I immediately pierced the Head with the Terebra Occulta, brought forth part of the Brain, by introducing my Hand into the Vagina, and by thruſting two of my Fingers into the Perforation, brought the Head to the external Orifice of the Vagina, but could not poſſibly bring it farther. Imagining the Shoulders to be the next Obſtacle, I fixed a Hook as formerly directed under each Axilla, by which I brought it ſo far as to extract the Hands, but farther it would not come; which gave me ſufficient Reaſon to conclude, that a Pneumatocele of the Belly, was the Cauſe of the whole Difficulty; wherefore I introduced my left Hand into the Vagina as far as poſſible, with the Palm to the Sternum of the Child; and between the

the Hand and Child, forced in the Terebra Occulta, as far as the Extremity of my Fingers, whereby I preſſed the End of the Capſula againſt the Child's Belly, with as much Force as the confined State of my Fingers would admit, and then puſhed forward the Handle of the Terebra with my Right Hand, in order to make the Puncture; whereupon I expected the Air would have ruſhed forward, but was diſappointed, at which I was a good deal mortified; however I imagined that the Puncture might have been made above the Diaphragm; or that the Piercer did not penetrate the Peritonæum; wherefore I repeated the Operation, with this Difference, that when the Opening was made, I plunged in the End of the Capſula after the Piercer, which completed the Buſineſs; for there immediately iſſued forth a Torrent of moſt fœtid Air, and the Child without any Aſſiſtance followed. The Funis was quite conſumed, and the Placenta was more like a ſoft Coagulum, than a ſolid Body; yet this poor Woman recovered, and in ſix Weeks walked to Town to return me Thanks for her Delivery.

Mr.

Mr. MAURICEAU Remarks, that the Head or Thorax may alſo be dropſical, ſo as to impede the Extraction of the Fœtus. When the Malady is in the Head, the Caſe is ranked among thoſe where the extraordinary Size of the Head hinders the Expulſion, without any other Diſtinction. If it be in the Thorax, the Operation is to be conducted in every Reſpect, as if in the Abdomen; namely, the Child muſt be extracted as far as poſſible, before the Introduction of the Terebra; and then, the Puncture muſt be made as far beyond the external Orifice of the Vagina, as the Degree of Inflation will permit the Hand to go, for the Direction of the Inſtrument.

THE Dropſy of the Belly may alſo hinder the Delivery, when it is attempted, by bringing the Child forth by the Feet; which does not in any Reſpect alter the Manner of the above-deſcribed Operation.

IF an Arm preſenting in the Beginning of Labour, ſhould through Ignorance or Wickedneſs, be ſuffered to advance ſo far, and continue ſo long in the Paſſage, that from its ſwelling,

ſwelling, and Parts of the Mother contracting, it cannot be put back, notwithſtanding all the Endeavours of the Operator, as deſcribed in the ſecond Part of this Treatiſe; then there is a Neceſſity for ſeparating this Member from the Infant in order to come at the Body to extract that, for the Preſervation of the Mother's Life.

THERE have been various Inſtruments propos'd by the Authors, for the Performance of this Operation as Knives, ſharp Pincers, *&c.* but I believe they are now univerſally exploded, and that with good Reaſon; for it may be better and more eaſily done without any Inſtrument but the Hands; whereby the Mother is ſecured from Danger, and the Child ſhould it happen to be alive, has a much better Chance of eſcaping. However, as AMBROSE PAREE authorizes the Amputation of this Limb, we ſhall make a Compariſon of the two Methods, for the Reader's better Information.

THIS Author adviſeth, to make a circular Inciſion to the Bone, as high as poſſible in the Arm, when in the above Situation; and

and with a Pair of ſharp Pincers, to divide the Bone above the Inciſion, that the Fleſh may come over the End of it, whereby to preſerve the Womb from being hurted by its roughneſs; after this the Child is to be turned and brought forth by the Feet after the uſual Manner.

IN this Operation we muſt firſt mention the Danger of wounding the Mother, which is an Objection never to be got over; and next, in all likelihood the Difficulty cannot be removed by this Amputation; for if it be made as high as is poſſible, which cannot be much above the external Orifice of the Vagina; the Part that filled the Orifice of the Womb, ſtill remains, ſo that the Delivery is as far as ever from being completed. Beſides, ſhould the Infant happen to be alive, it muſt abſolutely bleed to Death before it could be extracted; for in this Caſe, there is no Poſſibility of making Ligatures on the divided Arteries of the Arm, ſo as to ſtop the Hæmorrhage which muſt follow if there be Life.

THE

THE other Method of ſeparating the Arm from the Body, when thus unhappily engaged in the Paſſage, is to take hold of it above the Elbow, and by twiſting it three or four Times, there will be a Separation very eaſily made at the Articulation of the Humerus and Scapula. This Method which has MAURICEAU's Approbation, is free from all the Objections to that by Inciſion; for the Mother can be in no Danger; the Paſſage is cleared for the Operator's Hand; and tho' the Child be living, there will probably be no great Effuſion of Blood; for the Contraction of the Fibres compoſing the Coats of the Arteries, is much greater when divided by violent Diſtention, than when cut aſunder; which Degree of Contraction cloſes the Mouths of the Blood-veſſels, ſo as to hinder the Effuſion. This is confirmed by an Accident which happened in *London* 1737 to a Miller, whoſe Hand was caught in one of the Teeth of the Mill-wheels, whereby the whole Arm and Scapula were torn from the Trunk; this Man was immediately brought to St. *Thomas*'s Hoſpital, where he was cured in a very few Days; the Wound in the Fleſh was very ſmall, and

no

no Appearance of Blood-veſſels, nor did he loſe four Ounces of Blood; he was ſeen by the Royal Society, and moſt of the Curious in that City.

BOTH the above-mentioned Authors give a ſtrict Charge, that the Operator ſhould be very certain of the Child's Death before he attempts this diſmembering by either of their Methods, but give no Directions how to behave otherwiſe; for which Reaſon it might as well or better be omitted, for the Reader is left quite at a Loſs, perhaps to let both Mother and Child periſh. Doubtleſs it is neceſſary that an Author ſhould endeavour to make his Reader as cautious as poſſible, in ſuch important Matters; wherefore I ſhall take upon me ſtrenuouſly to recommend Conſultation, not only where a Life, but even where a Limb is at Stake. For though there be not Indications ſufficient to confirm the Child's Death, yet it muſt be brought forth, if the Mother's Death ſhould be thought a probable Conſequence of her not being ſpeedily delivered.

As all Authors who have wrote of Midwifry, have mentioned the Delivery of Monſters; and as ſuch Things are poſſible, we ſhall take Notice of what ſeems material in thoſe Caſes: It may happen from ſome Confuſion in Impregnation, that two Children may be joined together; it may alſo happen that the ſame Child may have ſupernumerary Limbs, or having the right Number may be preternaturally placed; they may alſo have extraordinary Excreſcences on various Parts of the Body or Extremities, with many other Luſus Naturæ; which are to be diſcovered by the Examination of the Operator, upon the Delivery being retarded; for which Purpoſe there are Directions ſufficient in the foregoing Treatiſe.

WHEN the Adheſion of two Children to each other hinders the Delivery; the Parts adhering muſt be diſcovered, in order to ſeparate them. The uſual Directions for this Purpoſe, is to make a Diviſion with a Knife, taking all poſſible Care to avoid wounding the Womb. The Danger which the Patient incurs on theſe Occaſions has been already ſet forth; wherefore the following

ing Method ſeems more likely to ſucceed; that is, to introduce the Terebra Occulta to the Part where the Adheſion begins, and with its Point, dividing the Skin in that Part only, the Separation may be finiſhed by the Operator's Fingers, without any more cutting; for the Skin, which only united them, will eaſily tear, after the leaſt Inciſion; this ſeems to be much the eaſier and ſafer Operation both for Mother and Children if living.

EXCRESCENCES muſt be removed as much in the ſame Manner as is poſſible: And Limbs preternaturally diſpoſed, ſo as to hinder the Birth, muſt be taken off, according to the Directions already given for the diſmembering.

THE Reader in all likelihood will expect before this little Treatiſe is finiſhed, to have ſomething ſaid concerning the Cæſarian Operation. As there are various Opinions in relation to this Matter, we ſhall endeavour to ſet the unexperienced Reader right in that Reſpect, with Regard to the Opinion moſt worthy of his Favour; to which End he

muſt be firſt informed, what is generally underſtood by this Term.

CÆSARIUS, or the Cæſarian Operation ſignifies the taking a Child out of the Womb, by an Opening made by Inciſion, through the Integuments, Muſcles, *&c.* of the lower Belly, large enough for that Purpoſe; and this is to be done either while the Mother is living, or after her Death, according to the Nature of the Circumſtances. This Term is derived from the Latin Verb *Cædo*, which ſignifies to cut, and this Operation as we are told, gave the Name of CÆSAR to that Race of *Roman* Emperors who enjoyed it, from the firſt of them being taken after this Manner out of his Mother's Womb.

THIS Operation without Doubt, got its Riſe before the Art of Midwifry arrived to any Degree of Perfection; and in all Probability it was this that brought it into the Hands of the Surgeons; for in the Beginning, (it is natural to imagine from the Ignorance of the preſent Female Operators) there was little or no Aſſiſtance given to the Patient in preternatural Labours, whereby many

many, both Mothers and Children periſhed; which made the Surgeons imagine, (not looking on Midwifry as Part of their Province) that by their Art, they might ſometimes ſave the Child; and this in all likelihood gave Riſe to the Operation now under our Conſideration; which having frequent Occaſion to put in Practice, they, or at leaſt ſome of them by this Means became acquainted with the Situation of the Child in the Womb, and the particular Anatomy of thoſe Parts. And this conſequently put them upon endeavouring to bring the Child, though in a preternatural Situation, into the World, without deſtroying the Mother; and certainly as this Knowledge increaſed, the Cæſarian Operation became in Diſrepute, and probably became quite exploded. However, in the Beginning of the laſt Century, it ſeems to have come again into Repute in *France* and *Germany*, and many Authors wrote in its Defence; declaring that it was not mortal to the Mother, and in ſhort that it ſhould be always done, rather than deſtroy the Infant; to confirm which, they have given many Hiſtories of Women who have recovered, and had Children after it; nay, they tell you

of ſome who have had ſeveral Children brought forth by this Operation, but I hope none of them will gain any Credit from the Readers of this Age; for from Theory, Anatomy, and every Thing conſiſtent with Surgery, the Cæſarian Operation is moſt certainly mortal as we ſhall endeavour to prove preſently, from Reaſon and the Nature of the Thing; and I hope it will never be in the Power of any one to prove it by Experience.

BEFORE we proceed any farther, it will be neceſſary, in order to invalidate the Authority of the Favourers of this unparalleled Piece of Barbarity, to conſider what could be their Motive, to hand down to Poſterity, Facts in themſelves ſo demonſtrably falſe; what appears to me the moſt probable in this Reſpect is this: It is a Principle among the *Roman-Catholics*, that the Soul of every Child that is not baptized, is annihilated; and conſequently, it is the Opinion of their Divines, that the Soul of the Mother whoſe Exiſtence is eſtabliſhed, ſhould be ſeparated from the Body, rather than the Soul of the Infant ſhould be abſolutely loſt. Now if

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we conſider the Biggotry of that Age, and the Ignorance of the Generality of People in Matters of Religion, we may eaſily conceive how they might have been led beyond their Reaſon; beſides, Policy and the Deſire of ſerving a certain Set of Men, whoſe Intereſt was worth cultivating, might alſo poſſibly lead them beyond their Reaſon. Mr. MAURICEAU, who is perfectly averſe to this Operation, mentions a Women in the *Hotel Dieu* at *Paris*, who being with Child, pretended to dread prodigiouſly her approaching Labour, having ſuffered (as ſhe ſaid) the Cæſarian Operation in her laſt; at the ſame Time ſhewing the Cicatrix of the Wound; upon hearing this, our Author deſired to ſee her Belly; but the Cicatrix was the Conſequence of an Abſceſs, which ſhe formerly had under her right Breaſt. This ſhews what Impoſtures there are, though it be to anſwer no End, but to create Pity and Surprize: but when Religion was the Source of this Prejudice, there were many ſuch Cheats without Doubt.

As this deteſtable, barbarous, illegal Piece of Inhumanity, has been incouraged by many

Authors; as BAUHIN, ROUSSET, LAMOTTE, and many others, whoſe Credit in other Reſpects is of no ſmall Conſequence; and as this Encouragement extends ſo far, as to give Atteſtations of the Recovery of thoſe on whom this Operation had been performed; it is therefore neceſſary to ſhew ſome Reaſons for the Improbability, nay Impoſſibility of Succeſs in this Operation.

IT is well known both by Experience, and the Authority of all our Predeceſſors, that penetrating Wounds into the Belly, how ſmall ſoever, are extremely dangerous if not mortal, though none of the Viſcera be wounded; but when any of them is wounded, though in the ſmalleſt Degree, it is reckoned in the Number of mortal Wounds; though the Patient was before in a State of perfect Health. I ſhall refer to CELSUS, FABRICIUS AB AQUAPENDENTE, READ, WISEMAN, or any of them, for a Proof of the Danger of penetrating Wounds, particularly when any one of the Viſcera is wounded; where the Reader will find Reaſons ſufficient to convince him.

IF the ſmalleſt penetrating Wound be dangerous in a healthful Perſon, how effectually mortal muſt the Cæſarian Operation be? for inſtead of a very ſmall Puncture, here is a penetrating Wound of at leaſt eight Inches in Length, with another of almoſt the ſame Length, in a Bowel moſt capable of all the ſymptomatical Evils attending Wounds of thoſe Parts, together with the following additional Aggravations: It is known from the Theory of the Womb, that the Uniformity of its Extenſion is owing to the frequent Anaſtomoſes of its conſtituent Blood-veſſels, which are (ſome of them at leaſt) very large at the Time of the Birth; whence it is evident that the Patient muſt bleed to Death by a Wound in the Womb, eſpecially a large one, for here ſome of the large Blood-veſſels cannot eſcape; this is undeniably proved, by the Hæmorrhage which always follows the Extraction of the Placenta, where the Opening of the Arteries, happens at their moſt minute Extremities; and it ſometimes happens, when there is any Violence uſed in the Extraction of the Placenta, that the Patient bleeds to Death, notwithſtanding

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ing all poſſible Means be uſed to ſtop it. What then muſt be the Conſequence, when there is a Wound made through the whole Subſtance of the Womb, large enough to give Paſſage, perhaps to a monſtrous Child? Again, admit that this Hæmorrhage might ceaſe in ſome reaſonable Time, 'tis paſt all Diſpute there muſt be a very great Diſcharge; where then muſt this Blood go? Into the Cavity, among the Inteſtines and other Viſcera, whence it cannot be removed 'till after Putrefaction, which it muſt evidently communicate to the Inteſtines, at this Time having their natural Tone much impaired, from the great Alteration in the Diſtribution of the Blood during the Time of Pregnancy: Moreover, the Inteſtines were deſigned by Nature, to be excluded from the external Air, which is always very pernicious to them; there might be many more Circumſtances offered, to confirm the Fatality of this Practice; but what has been ſaid, ſeems fully ſufficient to convince any one who is not a Sceptic.

As it cannot be denied, that this Operation muſt neceſſarily deſtroy the Mother; the Queſtion muſt ariſe, whether there be generally any Caſe in Midwifry, where the Performance of it is warrantable, while the Mother is yet living. Indeed I think this admits of no Doubt in a Chriſtian Society; but to diſcuſs this Matter particularly, is the Buſineſs of a Divine, to whom I ſhall leave it.

THERE may certainly one Caſe happen, where the Mother and Child muſt periſh, if the latter be not reſcued by the Cæſarian Operation; namely, when the Pubis and Sacrum are ſo preternaturally near each other, that the Operator's Hand cannot paſs between them, in order to come at the Child. And even in this Caſe, I do not know that we have Authority to deſtroy the Mother, though it might ſave the Child; this deplorable Dilemma ſhould certainly be cleared up by the Divines.

FINIS.

To make this Treatiſe of more general Uſe, (eſpecially to Women who live in the Country remote from the Aſſiſtance of ſkilful Perſons) the EDITORS have here ſubjoined an Explanation of the Terms of Art.

A.

ABdomen. The lower Belly.

Abdominal. From Abdomen.

Abortion. Miſcarriage in Women. Bringing forth the Fœtus before the due Time.

Abraſion. Wearing away.

Adheſion. Sticking or cleaving to.

Adult. Grown up.

Amnois. The innermoſt of the two Membranes which contain the Fœtus, and Water in which it ſwims.

Amputation. The cutting off a Part [Member] of the Body.

Anodine. Remedies that aſſuage, or take away Pain.

Anus. The Extremity of Inteſtinum Rectum, commonly called the Fundament.

Apophiſes. Protuberances at the Ends of Bones, cloſely adhering to them, but not an inſeparable Part of them.

Articulation. The joining of the Bones.

Aſcites. A particular Species of Dropſy.

Axilla. The Arm-pit.

C.

Cadaverous. Belonging to a dead Carcaſe, as a cadaverous Smell is what reſembles that of a dead Body.

Callous. That Diſpoſition of a Wound or Ulcer whereby the Lips become ſwelled and hard.

Cartilage. A ſmooth ſolid Body ſofter than a Bone, but harder than a Ligament, commonly called a Griſtle.

Cartilago Enſiformis. The Tip or Extremity of the Breaſt-bone.

Catamenia. Monthly Diſcharges in Women.

Cerebellum. That Part of the Brain which lies on the back part under the hind-part of the Cerebrum.

Cerebrum. That Part of the Brain which lies in the fore Part of the Skull.

Chorion. The outer Membrane that involves the Fœtus to which the Placenta adheres.

Cicatrix or *Cicatrice.* A Scar or Mark left upon healing a Wound or Ulcer.

Circumjacent. Lying about.

Circumvolution.

Circumvolution. Winding about.

Coagulum. A Fluid that has acquired ſuch an Alteration as Milk does, when mixed with Runnet.

Coccyx. The Extremity of the Os Sacrum, conſiſting of three or four Bones gradually diminiſhing 'till it ends in a ſmall Cartilage.

Collapſe. To fall together.

Collum minus. The Entrance from the Vagina to the Womb.

Contiguous. Touching or joining, tho' not perfectly united.

Continuous. Perfectly united.

Contraction. Drawing together, or ſhrinking up.

Cornua uteri. Suppoſing the Womb triangular and the Entrance one of the Angles, then the Cornua are the ſmall Orifices, one in each of the other Angles thro' which the Ovum paſſes into the Womb.

Coronal Suture. The firſt Suture of the Skull, reaching from one Temple to the other.

Cranium. The Skull.

D.

Deterſive. Cleanſing Medicines.

Diaphragm. The Midriff, or Diviſion between the Breaſt and Belly.

Dilaceration. Tearing or rending away.

Dilatation, Widening.

E.

Elaſtic. Springy; is that Property in Bodies whereby they endeavour to reſtore themſelves to the Poſture from whence they were diſplaced.

Eliptical. Oval.

Embrio. The firſt Rudiments of the Child in the Womb before perfect Formation.

Emenagogues. Medicines that promote the Menſes.

Emollient. Softning Medicines.

Epiphiſes. When one Bone grows to another without any Articulation.

Excreſcence. A fleſhy Tumour, or ſuperfluous Fleſh growing on any Part of the Body.

Extraneous. Any Thing foreign to the Part.

Extravaſated. When the Blood or any other Matter gets out of its proper Veſſels.

F.

Fallopian Tubes. A Canal from each Ovary to the Cornua Uteri, through which the Ovum paſſes to the Womb.

Fæces. The Excrements.

Fluor Albus. The Whites.

Fætid. Stinking.

Fætus. The Child in the Womb.

Fontanel. The Opening of the Child's Head,

Forceps. A Kind of Pincers uſed in Surgery to extract or draw Things from the Body.

Fundus Uteri. The Bottom of the Womb.

Funis Umbilicalis. The Navel String.

G.

G.

Geſtation. The Time of a Woman's being with Child.

Grumous. Thick or viſcid, as when the Blood is too thick for Circulation and ſtagnates.

H.

Hæmorrhage. A Burſting-out, or Flux of Blood from any Part.

Horizontal. Level or flat, as the Surface of Water is ſaid to lie in an horizontal Poſition.

Humerus. The Shoulder.

I.

Ichor. A Humour thicker than Serum which flows from Ulcers.

Ilium. A large Bone on each Side the Os Sacrum. The Hip-bone.

Index. The Fore-finger.

Inflate. To blow up.

Inflation. From inflate.

Inoſculation. Where one Veſſel is let into another.

Integuments. The Covering or Membrane of any Part.

Inteſtines. The Guts.

Inteſtinum Rectum. The laſt of the Inteſtines, whoſe Extremity forms the Anus.

Impregnation. Becoming fruitful.

Iſchium. The Bone which receives the Head of the Thigh Bone.

L.

Labia Pudendi. The Lips at the Entrance of the Vagina.

Lambdoidal. One of the Sutures ſo called.

Ligamenta lata. } Particular
Ligamenta Rotunda. } Ligaments by which the Womb is faſtened or tied to the Body.

Ligament. A white ſolid Body (ſofter than a Cartilage and harder than a Membrane) by which the Bones are faſtened together.

Ligature. Any Thing tied about any Part of the Body.

Lochia. } The
Lochial Diſcharge. } particular Diſcharge or Evacuation attending Women in Child-Bed.

Lubricate. To ſmooth, or rather to make ſlippery.

Luxation. A ſlipping of any Thing out of its Place, the disjointing of the Bones.

Lymph. A thin tranſparent Fluid contained in Veſſels called the *Lymphaducts.*

M.

Matrix. The Womb.

Menſes, } The
Menſtrual Diſcharge } monthly Evacuations of Women.

Mucus. A ſlimy Liquor or Moiſture.

Mucous. From *Mucus.*

Muſculus Membranoſus. One of the Muſcles of the Thigh.

N.

Narcotic. Medicines that produce Sleep.

Nutrition. Nouriſhment.

O.

Opake. Obſcure or dark, Bodies which will not let the Light through.

Os Coccygis. See *Coccyx.*

Os Frontis. A Bone of the Skull, commonly called the Forehead, which joins the Bones of the Sinciput and Temples by the coronal Suture.

Os Iſchium. See *Iſchium.*

Os Occipitis. The Bone of the hind Part of the Head.

Os Pubis. The ſhare Bone at the lower Part of the Belly which forms the Fore-part of the Pelvis.

Os Sacrum. The lower Part of the Back Bone which forms the back Part of the Pelvis.

Os Ilia. The Hip Bones which form the Sides of the Pelvis.

Os Temporis. The Bone of the Temple.

Os Tincæ. A Protuberance at the Mouth of the Womb.

Ovarium. The Ovary or Repoſitory of Eggs which paſs from thence through the Fallopian Tubes into the Womb, of which the Fœtus is formed.

Ovum. The Egg.

P.

Parenchymatous. A ſoft Body, rather vaſcular than fibrous,

Parietal. Bones compoſing the Sides of the Head.

Paroxiſm. The Heigth or Fit of any Diſtemper that returns at certain Times.

Parturition. Bringing forth.

Pellucid. Tranſparent.

Pelvis. A Cavity in the lower Part of the Abdomen formed by the Os Pubis on the fore Part, of the Os Sacrum on the back Part, and the Oſſa Ilia on the Sides: It contains the Womb, Vagina, the Bladder and Inteſtinum Rectum.

Perforation. An Opening or Hole.

Placenta. The Afterbirth.

Pneumatocele. A windy Swelling or Tumor.

Pregnant. Being with Child.

Procreation. Generation or breeding the Species.

Prolapſus uteri. The falling down of the Womb.

Prominent. Jutting out, or ſtanding forward.

Protuberance. A bunching, or ſtanding out.

Pudendum. The Entrance of the Vagina.

R.

Radicles. Small Shoots or Roots.

Rectum. See Inteſtinum rectum.

Rimulæ. Small Chinks or Wrinkles.

Rotatory. Turning round.

Rugæ. Wrinkles.

S.

Sagittal Suture. One of the Sutures of the Skull.

Sanious. A thick bloody Pus or Matter.

Scapulæ. The Shoulder-blades.

Scirrhus. A Hardneſs, or Induration of the Glands in any Part.

Scirrhous. Of Scirrhus.

Serum.

Serum. The watry Part of the Blood.

Spincter. Muſcles that draw up and ſhut the Parts, are called Spincters, as the Spincter Veſicæ of the Bladder, and Spincter Ani that cloſes the Fundament.

Spine. The Back bone.

Sternum. The Breaſt-bone.

Stimulate. Is the Action of ſome kind of Bodies on tender Parts, which cauſes a Senſation, much about the Degree of itching; ending frequently in Pain and Inflamation.

Suſpenſorium. A holder up, or Supporter.

Suture. The particular Articulation by which the Bones of the Skull are joined.

T.

Teneſmus. A continual Inclination to go to Stool.

Terebra Occulta. A hidden Piercer.

Thorax. The Breaſt.

Turgid. Swoln, puffed up.

V.

Vagina. The Sheath or Paſſage from the Pudendum to the Womb, ſometimes called the Neck of the Womb, the Entrance of it called the external Orifice of the Womb, and the Entrance to the Womb the internal.

Valves. Little thin Membranes in the Veſſels, as it were like folding Doors to prevent a Reflux of any Fluid by the ſame Canal.

Vaſcular. A Part whoſe Texture is intirely made up of Veſſels, for ſeparating ſome Fluid from the Blood.

Ventricle. Signifies any ſmall Cavity.

Vertebræ. The Bones which compoſe the Back-bone.

Vertical. Erect.

Viſcera. The Bowels.

U.

Ulna. A Bone on the inſide of the Arm, reaching from the Elbow to the Wriſt.

Uterus. The Womb.

Uterine. From Uterus, as Medicines which promote the natural Diſcharge of the Womb, are called Uterine.

